

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of birth stated.

PLACE OF BIRTH

1. County of Yuma
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

1800

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 106
County Registrar No. _____
Local Registrar No. 101

2. Full name of child Roman Becerra
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth Feb. 28, 1927
Month Day Year

8. FATHER
Full name Porfirio Becerra
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

14. MOTHER
Full maiden name Pietra Gonzalez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex.
11. Age at last birthday 35 (Years)

16. Color or race Mex
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Jalisco
(State or country) Mex.

18. Birthplace (city or place) Jalisco
(State or country) Mex.

13. Occupation
Nature of Industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 12:30 p.m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Cyril M. Brown (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year _____
Filed Feb 28, 1927 R. E. Davis Local Registrar.
Registrar _____ Filed _____, 19____ County Registrar.

921-228-779