

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 125
 Registered No. 94

PLACE OF BIRTH Gila State Arizona
 City or Township Miami of Village _____
 No. 58 E Davis Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child _____
{ If child is not yet named, make supplemental report, as directed.

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

FATHER
 11. Name Octaviano M. Sanchez
 Residence 58 E Davis Canyon
(Usual place of abode)
 If non-resident, give place and state.
 Color or race Mexican
 11. Age at last birthday 31 (Years)
 Birthplace (city or place) Puebla Povera
(State or country) Mexico
 Occupation Miner
 Nature of Industry _____

MOTHER
 14. Full maiden name Rosalina Enriquez
 15. Residence 58 E Davis Canyon
(Usual place of abode)
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 30 (Years)
 18. Birthplace (city or place) Puebla
(State or country) Sonora Mexico
 19. Occupation Housewife
 Nature of Industry _____

Number of children of this mother _____
 20. Sex of time of birth of child herein and including this child. (a) Born alive and now living 4
 (b) Born alive but now dead 1
 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I certify that I attended the birth of this child, who was Alive at 6:30 a. m. on the date above stated
(Born alive or stillborn.)

Signature Rosa Cortez
(Physician or midwife)

Address 708 Sullivan St
 Filed Mar 12 1927 C. E. Finn
 Registrar

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