

## PLACE OF BIRTH

1. County of DeLa

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_ No. 48 Grover Canon St. \_\_\_\_\_ Ward \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 131

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. \_\_\_\_\_

Local Registrar No. 1072. Full name of child Juan Diaz { 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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Mar. 8 - 1927  
Month Day Year8. FATHER  
Full name Genovive Diaz  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona10. Color or race Mex.  
11. Age at last birthday 34 (Years)12. Birthplace (city or place) Jalisco  
(State or country) Mex13. Occupation  
Nature of industry Miner14. MOTHER  
Full maiden name Librada Portilla  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona16. Color or race Mex.  
17. Age at last birthday 30 (Years)18. Birthplace (city or place) Chihuahua  
(State or country) Mex.19. Occupation  
Nature of industry Housewife20. Number of children of this mother } (a) Born alive and now living 10  
(Taken as of time of birth of child herein } (b) Born alive but now dead \_\_\_\_\_  
certified and including this child.) } (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 10<sup>30</sup> 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 Byril M. Brown M.D. (Physician or midwife)  
Address Miami, ArizonaGiven name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Filed Mar 28, 27 1927 C. E. Davis Local Registrar.

Registrar \_\_\_\_\_

Filed \_\_\_\_\_, 19 \_\_\_\_\_ County Registrar.

149-398-371