

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 167  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 115

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

3. Sex of Child Female } To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ } 6. Legitimate? yes } 7. Date of birth Mar. 21 - 1927  
Month Day Year

8. FATHER  
Full name Antonio Macias  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
10. Color or race Mex  
11. Age at last birthday 24 (Years)  
12. Birthplace (city or place) Mexico City  
(State or country) Mex.

14. MOTHER  
Full maiden name Josephina Nunez  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Mex  
17. Age at last birthday 20 (Years)  
18. Birthplace (city or place) Chihuahua  
(State or country) Mex.

13. Occupation  
Nature of Industry Miner  
19. Occupation  
Nature of Industry Housewife  
20. Number of children of this mother } (a) Born alive and now living 2 } 21. Were precautions taken against ophthalmia neonatorum? yes  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead \_\_\_\_\_ }  
(c) Stillborn \_\_\_\_\_ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 6:15 a.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 Byrne M. Brown M.D.  
Address Miami, Arizona  
(Physician or midwife.)

Given name added from a supplemental report. Filed Mar 28, 1927 B. E. Dorn  
Month, day, year Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

442-321-159

In case of more than one child at a birth, a SEP/REGISTRATION must be made for each child and the number of order of birth stated.