

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

State File No. 134  
 Registered No. 178

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. Claypool, Ariz. Ward \_\_\_\_\_

2. Full name of child Luz Maria Cordero (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 Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth April 6 - 1927  
 Month Day Year

**FATHER**  
 8. Full name Amelio Cordero  
 9. Residence (Usual place of abode) Claypool, Ariz.  
 If non-resident, give place and state.  
 10. Color or race Cauc  
 11. Age at last birthday 38 (Years)  
 12. Birthplace (city or place) Ponzi  
 (State or country) Porto Rico  
 13. Occupation  
 Nature of industry Miner

**MOTHER**  
 14. Full maiden name Basilisa Torres  
 15. Residence (Usual place of abode) Claypool, Ariz.  
 If non-resident, give place and state.  
 16. Color or race Cauc Spanish  
 17. Age at last birthday 20 (Years)  
 18. Birthplace (city or place) Ponzi  
 (State or country) Porto Rico  
 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 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

I hereby certify that I attended the birth of this child, who was born at 10<sup>55</sup> 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 Byril M. Brown M.D. Physician (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed May 11, 1927 Registrar L. G. King

336-406-232

RETURN must be made to each, and the number of each in birth stated.