

affidavit attached supplement attached

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169
 County Registrar No. _____
 Local Registrar No. 146

No. 408 Skyline Trail St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Nectar Francis Estevane { 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 April 18 1927
 Month Day Year

8. FATHER
 Full name Isidoro Estevane
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 24 (Years)
 12. Birthplace (city or place) Mexico
 (State or country) Arizona
 13. Occupation Grocery Clerk
 Nature of industry

14. MOTHER
 Full maiden name Michaela Campa
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 20 (Years)
 18. Birthplace (city or place) El Paso
 (State or country) Texas
 19. Occupation Housewife
 Nature of industry

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 0 (c) Stillborn 0
 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 alive at 6:30 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 J. J. Miller (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report. Filed Apr 20, 1927 G. E. Drinn Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar _____

855-418-431

BIRTH STATE