

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

State File No. 183
Registered No. 163

1. PLACE OF BIRTH

County Giila State Arizona
District or Township _____ or Village _____
City Miami No. 804 Pine Oak St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alejandro Berrilleza { 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 _____ Legitimate? yes 5. No., in order of birth _____
7. Date of birth Apr. 24-1927
Month Day Year

8. FATHER
Full name Becente Berrilleza
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 33 (Years)
12. Birthplace (city or place) Sinaloa
(State or country) Mex.
13. Occupation
Nature of industry miner

14. MOTHER
Full maiden name Antonia M. Marujo
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mex
17. Age at last birthday 35 (Years)
18. Birthplace (city or place) Zacatecas
(State or country) Mex.
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 7
(b) Born alive but now dead 4
(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 1:20 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 Cyril M. Brown M.D.
Physician (Physician or midwife)

Given name added from a supplemental report _____
Address Miami, Arizona

Month, day, year _____
Filed May 10, 1927 J. E. Irwin
Registrar Registrar

121-424-146

If a birth, a duplicate RETURN must be made to order of birth stated.