

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

State File No. 146
 Registered No. 250

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 17 Mexican Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Alvarez

(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 June 11-1927
Month Day Year

8. FATHER
 Full name Jose Alvarez

14. MOTHER
 Full maiden name Francisca Garcia

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 25 (Years)

16. Color or race Mex. 17. Age at last birthday 16 (Years)

12. Birthplace (city or place) Michoacan, Mex.
(State or country)

18. Birthplace (city or place) Zacatecas, Mex.
(State or country)

13. Occupation
 Nature of industry Miner

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 5:30 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)

Given name added from a supplemental report _____
 Month, day, year 11-6-11-1927
 Registrar _____

Address Miami, Arizona

 Filed June 15, 1927 C. E. Brown
 Registrar _____

N. B.—in case of more than one child at a birth, a SEPARATE REPORT OF BIRTH SHOULD BE MADE FOR EACH CHILD.