

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

State File No. 3150<sup>18</sup>  
Registered No. 327

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 34 Davis 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 Estrada (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? \_\_\_\_\_  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth June 14-1927  
Month Day Year

**8. FATHER**  
Full name Estevan Estrada  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. \_\_\_\_\_  
10. Color or race Mex.  
11. Age at last birthday 24 (Years)  
12. Birthplace (city or place) Clifton, Arizona  
(State or country) \_\_\_\_\_  
13. Occupation  
Nature of industry miner

**14. MOTHER**  
Full maiden name Virginia Baker  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. \_\_\_\_\_  
16. Color or race Mex.  
17. Age at last birthday 43 (Years)  
18. Birthplace (city or place) Silver City, New Mex.  
(State or country) \_\_\_\_\_  
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 7  
(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 alive at 6:30 P.M. on the date above stated  
(Born alive or stillborn)

Signature Cyril M. Brown M.D.  
Physician  
(Physician or midwife).

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

Month, day, year 151-6144-529  
Registrar \_\_\_\_\_  
Filed Aug 11, 1927 A. E. Irving  
Registrar \_\_\_\_\_

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number or order of birth stated.