

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

State File No. 160  
255  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami 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 Henriqueta Barguin { 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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_  
6. Legitimate? yes 7. Date of birth June 17-1927  
Month Day Year

8. FATHER  
Full name Juan Barguin  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
10. Color or race Spanish  
11. Age at last birthday 35 (Years)  
12. Birthplace (city or place) Santander  
(State or country) Spain  
13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Isencion Martinez  
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 23 (Years)  
18. Birthplace (city or place) Durango  
(State or country) Mex.  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother \_\_\_\_\_ } (a) Born alive and now living 3  
(Taken as of time of birth of child herein certified and including this child.) } (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 alive at 3 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 Byrl M. Brown M.D.  
Physician

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year 8 25 - 1917 - 1919  
Registrar  
Address Miami, Arizona  
Filed June 20, 1927 De. E. Brown  
Registrar