

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

State File No. 4682
 Registered No. 281

1. PLACE OF BIRTH

County Yila State Arizona
 District or Township _____ or Village _____
 City Miami No. 34 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel Pedroza { 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 17 - 1927
 Month Day Year

8. FATHER
 Full name Anastacio Pedroza
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Marcellina Reyes
 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 30 (Years)

16. Color or race Mex. 17. Age at last birthday 19 (Years)

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

18. Birthplace (city or place) El Paso, Texas
 (State or country)

13. Occupation
 Nature of industry Laborer

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 3
 (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 10³⁰ 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 Lynel M. Brown M.D.
Physician
(Physician or midwife).

Given name added from a supplemental report _____
 Month, day, year 4 71 - 617 - 4 92
 Registrar C. E. Jern
 Address Miami, Arizona
 Filed July 11, 1927 Registrar

order of birth stated.

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