

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

State File No. 187  
 Registered No. 271

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 1009 Sullivan St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Juan Jesusada

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 30-1927  
 Month Day Year

**8. FATHER**  
 Full name Juan Jesusada  
 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 23 (Years)  
 12. Birthplace (city or place) Jalisco  
 (State or country) Mex.  
 13. Occupation  
 Nature of industry Miner

**14. MOTHER**  
 Full maiden name Concha Gomez  
 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 17 (Years)  
 18. Birthplace (city or place) Cananea, Son.  
 (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 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 alive at 11:20 P. m. on the date above stated  
(Born alive or stillborn)

Signature Byril M. Brown, M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona  
 Filled July 7, 1927 Registrar C. E. [Signature]

Month, day, year  
181-630-379  
 Registrar

OFFICE OF VITAL STATISTICS