

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

State File No. 165  
Registered No. 380

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 96 Red Springs Canon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Louis Loya (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? yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth July 13 - 1927  
Month Day Year

**8. FATHER**  
Full name Trinidad Loya  
9. Residence Miami  
(Usual place of abode)  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 37 (Years)  
12. Birthplace (city or place) Chihuahua  
(State or country) Mex.  
13. Occupation  
Nature of industry Laborer

**14. MOTHER**  
Full maiden name Erlinda Barela  
15. Residence Miami  
(Usual place of abode)  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 34 (Years)  
18. Birthplace (city or place) Mex. calf.  
(State or country) Arizona  
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 9  
(b) Born alive but now dead H  
(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 3:30 P. m. on the date above stated  
(Born alive or stillborn)

Signature Byril M. Brown  
Physician  
(Physician or midwife)

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

Month, day, year 331-713-521  
Filed Sept 10, 1927 C. E. Dwyer  
Registrar

THIS IS A PERMANENT RECORD. It must be made for each, and the number of cases in order of birth stated.