

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

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

State File No. 166  
299  
Registered No. 299

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 20 Hill St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ancila Pea { 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 July 14 - 1927  
Month Day Year

8. FATHER  
Full name Pionecio Pea  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 40 (Years)  
12. Birthplace (city or place) Michoacan, Mex.  
(State or country)  
13. Occupation Smelterman  
Nature of industry Int. Smelting Co.

14. MOTHER  
Full maiden name Juana Herrera  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 18 (Years)  
18. Birthplace (city or place) Aguas Calientes, Mex.  
(State or country)  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

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 2  
(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 5 A. 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 Cyril M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report. \_\_\_\_\_  
Month, day, year 191-714-181  
Registrar B. E. Drury  
Address Miami, Arizona  
Filed July 20, 1927 Registrar