

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 180  
County Registrar No. 317  
Local Registrar No. \_\_\_\_\_

**PLACE OF BIRTH**

1. County of Casa  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Miami

No. Dans Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Reyna { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY In event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>July-19-1927</u> Month Day Year
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**8. FATHER**  
Full name Francisco Reyna  
9. Residence (Usual place of abode) Miami Ariz  
If non-resident, give place and state.  
10. Color or race Mexican  
11. Age at last birthday 27 (Years)  
12. Birthplace (city or place) Mexico  
(State or country)  
13. Occupation Labour  
Nature of industry

**14. MOTHER**  
Full maiden name Ramona Lopez  
15. Residence (Usual place of abode) Miami Ariz  
If non-resident, give place and state.  
16. Color or race Mexican  
17. Age at last birthday 37 (Years)  
18. Birthplace (city or place) Mexico  
(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 <u>8</u>	(b) Born alive but now dead <u>1</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ (Born alive ~~or dead~~) at 8 a. m. on the date above stated

\* 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 E. J. Sotelo  
Address Miami Ariz  
(Physician or midwife)

Given name added from a supplemental report. Month, day, year 4 9 1927  
Registrar 719-939  
Filed Aug 5 1927  
Local Registrar L. E. Tom  
County Registrar \_\_\_\_\_

THIS IS TO BE RETURNED TO THE BUREAU OF VITAL STATISTICS, PHOENIX, ARIZONA, WITH THIS CERTIFICATE.

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