

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

State File No. 209
Registered No. 334

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 611 Pine Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Evangelina Ozuna { 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 28 - 1927
Month Day Year

8. FATHER
Full name Antonio Ozuna
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. _____
10. Color or race Mex.
11. Age at last birthday 40 (Years)
12. Birthplace (city or place) Sinaloa Mex.
(State or country) _____
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Maria Encinas
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. _____
16. Color or race Mex.
17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Sonora Mex.
(State or country) _____
19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____ (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 1
(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 2:30 a.m. on the date above stated
(Born alive or stillborn)

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

Given name added from _____
a supplemental report. _____
Address Miami, Arizona

Filed Aug 11, 1927 B. E. Dorn
Registrar

561-728-492

the num. order of birth stated. case of more than one child at