

SUPPLEMENT ATTACHED

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

State File No. 138  
Registered No. 380

PLACE OF BIRTH  
County Gila State Arizona  
District or Township Miami or Village \_\_\_\_\_  
City Miami No. 1128 Line Oak St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
Full name of child Blas Saenz (If child is not yet named, make supplemental report, as directed.)

Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Aug. 8 - 1927  
5. No., in order of birth \_\_\_\_\_ Month Day Year

FATHER  
Full name Blas Saenz  
Residence (Usual place of abode) Miami, Arizona  
non-resident, give place and state. \_\_\_\_\_  
Color or race Mex.  
11. Age at last birthday 38 (Years)  
Birthplace (city or place) Parral, Chih.  
(State or country) Mex.  
Occupation miner  
of Industry \_\_\_\_\_

MOTHER  
14. Full maiden name Clotilda Delgado  
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 25 (Years)  
18. Birthplace (city or place) Chihuahua  
(State or country) Mex.  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

Number of children of this mother \_\_\_\_\_  
(Time of birth of child herein including this child.)  
(a) Born alive and now living 6  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I certify that I attended the birth of this child, who was born alive at 2 A. m. on the date above stated  
(Born alive or stillborn.)  
Signature Cyril M. Brown M.D.  
Physician  
(Physician or midwife.)  
Address Miami, Arizona  
Filed Sept 10, 1927 O. E. Drey  
Registrar

729-808-346