

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

State File No. 158
 Registered No. 364

PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 54 Davis Canon St. _____ Ward _____

Full name of child Rojelia Bejarano (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Aug-16-1927 (If child is not yet named, make supplemental report, as directed.)

5. No., in order of birth _____ Month _____ Day _____ Year _____

FATHER
 Full name Francisco Bejarano
 Residence (Usual place of abode) Miami Ariz.
 If non-resident, give place and state. _____

8. Color or race Mex. 11. Age at last birthday 23 (Years)

9. Birthplace (city or place) Tyrone New Mex. (State or country)

10. Occupation Miner
 Nature of industry _____

MOTHER
 Full maiden name Rosa Flores
 Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state. _____

12. Color or race Mex. 17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Tyrone New Mex. (State or country)

19. Occupation Housewife
 Nature of industry _____

1. Number of children of this mother _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
 20. Taken as of time of birth of child herein notified and including this child. 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 Byril M. Brown, M.D. (Physician or midwife)

Address Miami, Arizona

Filed Aug 25 1927 B. E. Dwyer Registrar

*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.

When name added from supplemental report _____

Month, day, year _____ Registrar _____

9-26-27-216-963