

SUPPLEMENT ATTACHED

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

State File No. 1606  
Registered No. 363

1. PLACE OF BIRTH

County Siila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 49 Pine Oak Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Suebano (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 Aug-16-1927  
Month Day Year

8. FATHER  
Full name Vibrians Suebano  
Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
9. Color or race Mex.  
11. Age at last birthday 22 (Years)  
2. Birthplace (city or place) Jalis co Mex  
(State or country)  
3. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Jesus Gomez  
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 19 (Years)  
18. Birthplace (city or place) Jalis co Mex  
(State or country)  
10. Occupation  
Nature of industry Housewife

9. Number of children of this mother \_\_\_\_\_ (a) Born alive and now living 1  
(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 7:07 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 Layril M. Brown M.D.  
Physician (Physician or midwife)

Address Miami, Ariz.

Even name added from supplemental report \_\_\_\_\_  
Month, day, year  
Filed Aug 25, 1927 L. E. Dora  
Registrar Registrar

436-816-177