

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

State File No. 1547  
Registered No. 366

PLACE OF BIRTH

County Gila State Arizona

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

City Miami No. 105 Red Springs Canyon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Julian Barrasa { 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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Aug-17-1927  
Month Day Year

**FATHER**  
Full name Simon Barrasa  
Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state. Arizona  
Color or race Mex.  
11. Age at last birthday 24 (Years)  
Birthplace (city or place) Durango Mex.  
(State or country)  
Occupation  
Nature of industry Miner

**MOTHER**  
Full maiden name Maria Jesus Garcia  
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 20 (Years)  
18. Birthplace (city or place) Sonora Mex.  
(State or country)  
19. Occupation  
Nature of industry Housewife

Number of children of this mother \_\_\_\_\_ (a) Born alive and now living 2 21. Were precautions taken against ophthalmia neonatorum? yes  
When as of time of birth of child herein (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 A. m. on the date above stated  
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, or other person present should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Lynell M. Brown M.D.  
Physician  
(Physician or midwife)

When name added from supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address Miami, Arizona  
Filed Aug 25, 1927 L. E. Tom  
Registrar

Registrar

121-817-471