

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

State File No. 3775
 Registered No. 3775

Cc. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 1017 Pine Oak St St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 Full name of child Velia Seras (If child is not yet named, make supplemental report, as directed.)

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. 22-1927
 5. No., in order of birth _____ Month Day Year

5. Full name **FATHER** Luis Seras
 6. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 8. Color or race Mex
 11. Age at last birthday 22 (Years)
 1. Birthplace (city or place) Morenci
 (State or country) Arizona
 2. Occupation _____
 Nature of Industry Miner
 3. Number of children of this mother _____
 4. Sex as of time of birth of child herein (Born alive or stillborn) (a) Born alive and now living 1
 (b) Born alive but now dead _____
 (c) Stillborn _____

14. Full maiden name **MOTHER** Beatrice Romo
 15. Residence (Usual place of abode) Miami
 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) Globe
 (State or country) Arizona
 19. Occupation _____
 Nature of Industry Housewife
 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 1:30 P m. on the date above stated
 (Born alive or stillborn)
 Signature Lynne M. Brown M.D
Physician (Physician or midwife).
 Address Miami, Arizona
 Filed Aug 31, 1927 L. E. Dinn Registrar
 Registrar _____
 Month, day, year _____

522-822-296