PLACE OF BIRTH SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila
District of
Town of Miami
or
City of
No. 709 Live Oak St., (Rear) Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 152
County Registrar No. 408
Local Registrar No.

2. Full name of child Francisco Enriquez
{ If child is not yet named, make supplemental report, as directed.

3. 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 Sept 17 1927 (Month Day Year)

8. FATHER
Full name Lozero Enriquez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 29 (Years)
Birthplace (city or place)
(State or country) Mexico
Occupation Miner
Nature of industry Copper

14. MOTHER
Full maiden name Francisca Cruz
15 Residence (Usual place of abode) Miami. Arizona
If non-resident, give place and state.
16 Color or race Mexican
17. Age at last birthday 28 (Years)
18. Birthplace (city or place)
(State or country) Mexico
19. Occupation Housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0

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 alive (Born alive ~~or stillborn.~~) at 6:30 a m. on the date above stated

*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 F. F. Miller MD (Physician ~~or midwife~~).
Address Miami, Arizona

Given name added from a supplemental report
Month, day, year
Filed Sept 20, 1927 C. E. Tom
Local Registrar.

Registrar
Filed , 19
County Registrar.

659-917-639