

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

123  
 State File No. 437  
 Registered No. 437

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 4025 Highland Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pasqual Vega (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 \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Oct. 9 - 1927  
Month Day Year

**8. FATHER**  
 Full name Ascencion Vega  
 9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
 10. Color or race Mex.  
 11. Age at last birthday 31 (Years)  
 12. Birthplace (city or place) Coahuila, Mex.  
(State or country)  
 13. Occupation Miner  
Nature of industry

**14. MOTHER**  
 Full maiden name Ramona Ornelas  
 15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
 16. Color or race Mex.  
 17. Age at last birthday 27 (Years)  
 18. Birthplace (city or place) Lordsburg, New Mex.  
(State or country)  
 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 5  
 (b) Born alive but now dead 2  
 (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 5:35 A. M. on the date above stated  
(Born alive or stillborn.)

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

Address Miami, Arizona

Filed Oct 15, 27 C. E. Jorg  
 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.

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Registrar \_\_\_\_\_

751-1009-962