

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

State File No. 467  
 Registered No. 466

**1. PLACE OF BIRTH**

County Pima State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 69 Miami Ariz. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Louisa Becera

3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other X 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth October 18-1927  
 Month Day Year

8. FATHER Full name Donicio Becera

14. MOTHER Full maiden name Augustina Vasquez

9. Residence (Usual place of abode) Miami Ariz.  
 If non-resident, give place and state.

15. Residence (Usual place of abode) Miami Arizona  
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 33 (Years)

16. Color or race Mexican 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Jalisco Mexico  
 (State or country)

18. Birthplace (city or place) Jalisco Mexico  
 (State or country)

13. Occupation Laborer  
 Nature of industry Copper Co.

19. Occupation H. W.  
 Nature of industry

20. Number of children of this mother 6  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 3  
 (b) Born alive but now dead 3  
 (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 Born alive at 2 P.M. on the date above stated  
(Born alive or stillborn.)

Signature Charles E. Davis M.D.  
Miami Ariz.  
(Physician or midwife).

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

Filed Nov 11 1927 Registrar C. E. Davis

Registrar

Registrar

321-1018-159