

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

State File No. 165

Registered No. 471

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. E. 25 Davis Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Female 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 Oct. 26-1927  
Month Day Year

**8. FATHER**  
 Full name Luis Rico  
 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 41 (Years)  
 12. Birthplace (city or place) Chihuahua Mex  
(State or country)  
 13. Occupation Miner  
Nature of industry

**14. MOTHER**  
 Full maiden name Sarah Yamas  
 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 32 (Years)  
 18. Birthplace (city or place) Guerrero, 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 \_\_\_\_\_  
 (b) Born alive but now dead \_\_\_\_\_  
 (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 stillborn at 4 P. m. on the date above stated  
(Born alive or stillborn.)

\*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 Byril M. Brown M.D.  
Physician  
(Physician or midwife)

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

Filed Nov 11, 1927  
R. E. O. Brown  
 Registrar

296-1026-282

No. and Date of Issue of Certificate