

IN case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 183
461
 Registered No.

1. PLACE OF BIRTH
 County Isila State _____
 District or Township _____ or Village _____
 City Miami No. 907 Sullivan St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joseph Varela
 (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 2nd 7. Date of birth 31-October 1927
 Month Day Year

8. FATHER Full name <u>Cornelio Varela</u>	14. MOTHER Full maiden name <u>Isabel Bixler</u>
9. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state.	15. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state.
10. Color or race <u>White</u>	16. Color or race <u>White</u>
11. Age at last birthday <u>25</u> (Years)	17. Age at last birthday <u>22</u> (Years)
12. Birthplace (city or place) <u>Watrous</u> (State or country) <u>Colorado.</u>	18. Birthplace (city or place) <u>Magdalen</u> (State or country) <u>New Mexico</u>
13. Occupation <u>motorman.</u> Nature of industry	19. Occupation <u>house wife.</u> Nature of industry

20. Number of children of this mother 4
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 4
 (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 born alive at 10¹⁵ p. m. on the date above stated
 (Born alive or stillborn.)

Signature J. J. Alvarez (Physician or midwife)
 Address Box 1666
 Filed Nov 5 1927 C. E. Jones 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 _____

151-1031-929