

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

State File No. 1105
 Registered No. 477

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 120 Mex. Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rajelia Simon

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 _____ 6. Legitimate? yes 7. Date of birth Nov. 5 - 1927
 Month Day Year

FATHER
 8. Full name Jose Simon
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) Jalisco, Mex.
 (State or country)
 13. Occupation
 Nature of industry Miner

MOTHER
 14. Full maiden name Maria Ortiz
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 16. Color or race Mex.
 17. Age at last birthday 22 (Years)
 18. Birthplace (city or place) Jalisco, Mex.
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother _____ } (a) Born alive and now living 4
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead _____
 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

I hereby certify that I attended the birth of this child, who was born alive at 4 A. 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 Cyril M. Brown M.D.

 Address Miami, Arizona

 Filled Nov 11 1927 _____ Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each of birth stated.

578-1105-469