

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 117
County Registrar No. 481
Local Registrar No. _____

PLACE OF BIRTH
1. County of Yuma
District of _____
Town of Miami
or _____
City of _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ferdinando Trezys { 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 7. Date of birth Nov 8 1927
Month Day Year

8. FATHER
Full name Josido Trezys

14. MOTHER
Full maiden name Guadalupe Campos

9. Residence (Usual place of abode) 815 Live Oak St. Miami Ariz.
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 39 (Years)

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

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

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

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

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 _____
(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 alive at 3:45 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 E. P. Schreiner M.D.
Address Miami Arizona (Physician or midwife.)

Given name added from a supplemental report. Filed Nov 11 27 1927 C. E. Jernin Local Registrar.

Registrar

Filed _____ 19 _____

County Registrar.

636-1108-736

N. B.—In case of more than one child of a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.