

TYPE 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 in order of birth stated.

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

State File No. 12904
 Registered No. 704

1. PLACE OF BIRTH
 County Gila State _____
 District or Township _____ or Village _____
 City Miami No. 1014 Sullivan St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Abelardo Estevane { 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 _____ 7. Date of birth XI-9-1927
 Month Day Year

8. FATHER
 Full name Federico Estevane
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state.
 10. Color or race White
 11. Age at last birthday 24 (Years)
 12. Birthplace (city or place) Piedra
 (State or country) California
 13. Occupation
 Nature of industry Clerk

14. MOTHER
 Full maiden name Albertina Varela
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state.
 16. Color or race White
 17. Age at last birthday 18 (Years)
 18. Birthplace (city or place) Belen
 (State or country) New Mexico
 19. Occupation
 Nature of industry house wife

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 1
 (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 born alive at 9:20 a. m. on the date above stated
 (Born alive or stillborn.)
 Signature J. J. Aldana
 (Physician or midwife).
 Address Box 1666 Miami Ave
 Filed Nov 11, 1927 L. E. Orr
 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 _____

155-1109-151