

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

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

State File No. 12301
 Registered No. 786

I. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 713 Railroad Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Andres Nunez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Nov 10 1927</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Alberto Nunez

14. MOTHER
 Full maiden name Emilia Garcia

9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 28 (Years)

16. Color or race Mexican
 17. Age at last birthday 21 (Years)

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

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

13. Occupation Miner
 Nature of industry Copper

19. Occupation _____
 Nature of industry Housewife

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living <u>2</u>	(b) Born alive but now dead <u>0</u>	(c) Stillborn <u>0</u>
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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 12:15 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 [Signature]

(Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____

Address Miami, Arizona

Registrar _____

Filed Nov 20 1927 [Signature]
 Registrar

159-1110-571