

RECORD and the number of each is.

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

State File No. 136a  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County \_\_\_\_\_ State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child M. 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 11 14 27  
Month Day Year

8. FATHER  
Full name Geo. Mariscal

14. MOTHER  
Full maiden name Lupis Aker

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

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

10. Color or race Mex  
11. Age at last birthday 25 (Years)

16. Color or race Mex  
17. Age at last birthday 20 (Years)

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

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

13. Occupation Miner  
Nature of industry

19. Occupation Htl.  
Nature of industry

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   
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was still born at 7:30 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 C. F. Perkins  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Miami  
Filed Jan 28 19 28 Registrar Le E. Dorn

043-1114-319