PLACE OF BIRTH affidavit attached

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila
District of
Town of Miami
or
City of
No. P O Box 1583 St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 143
County Registrar No. 499
Local Registrar No. 499

2. Full name of child Jose Sepubeda
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy
To be answered ONLY in event of plural births.
4. Twin, triplet or other
5. No., in order of birth
6. Legitimate? Yes
7. Date of birth Nov 17 1927 (Month day year)

8. FATHER
Full name Arturo Sepubeda
9. Residence (Usual place of abode) Miami
If nonresident, give place and state
10. Color or race Mex
11. Age at last birthday 26 (Years)
12. Birthplace (city or place) Casas Grandes Chuchupa
(State or country)
13. Occupation
Nature of industry Barber

14. MOTHER
Full maiden name Elena Martinez
15. Residence (Usual place of abode) Miami
If nonresident, give place and state
16. Color or race Mex
17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Mex City
(State or country)
19. Occupation
Nature of industry house wife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 4
(a) Born alive and now living 3
(b) Born alive but now dead
(c) Stillborn 3

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 10 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 evidences of life after birth.

Signature L. M. Castillo (Physician or midwife)
Address

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

Filed Nov 20, 1927 C. E. Doon
Local Registrar.

Registrar.

Filed , 19
County Registrar.

121-1117-589

N. B.—In case of more than one child ... TE RETURN must be m... each, and the numb... each. birth stated.