

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

State File No. 1511
 Registered No. 504

1. PLACE OF BIRTH

County Mila State Arizona
 District or Township _____ or Village _____
 City Miami No. P.O. Box 1978 St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Female 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 Nov-21-1927
Month Day Year

FATHER
 8. Full name Tranquilina Avelez
 9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 37 (Years)
 12. Birthplace (city or place) Cananea, Son. Mex.
(State or country)
 13. Occupation Miner
Nature of industry

MOTHER
 14. Full maiden name Teresa Lugo
 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
 16. Color or race Mex.
 17. Age at last birthday 36 (Years)
 18. Birthplace (city or place) Chihuahua, Mex.
(State or country)
 19. Occupation Housewife
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 3
 (b) Born alive but now dead 1
 (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 1 A. 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 Cyril M. Brown M.D.
(Physician or midwife)
 Address Miami, Arizona
 Given name added from _____
a supplemental report.
 Month, day, year _____
 Registrar Dec 1 27 1927
Filed W. E. Dinn
Registrar

SA-1121-336

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 child must be plainly indicated. THIS IS A PERMANENT RECORD.