

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

State File No. 5194
 Registered No. 527

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 1005 Sullivan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Roberto Benites { 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 Dec. 6 - 1927
Month Day Year

8. FATHER
 Full name Enrique Benites
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona

14. MOTHER
 Full maiden name Carmen Matricito
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona

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) Zacatecas, Mex.
(State or country)

18. Birthplace (city or place) Nacozari, Son. Mex.
(State or country)

13. Occupation Teaching plant
 Nature of Industry Insp. Con. Copper Co.

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 2
 (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 7:50 P. m. on the date above stated
(Born alive or stillborn.)

Signature Lynel M. Brown M.D.

(Physician or midwife).

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

Filed Dec 16, 1927 R. E. Dinn
 Registrar

922-1206-346

ORDER OF BIRTH STATED