

N. 15.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

184 140
State File No. _____
Registered No. 15

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 47 Dairy Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full name of child Pablo Yrignuez (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. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Jan. 7 - 1930.
Month Day Year

8. FATHER
Full name Francisco Yrignuez

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 26 (Years)

12. Birthplace (city or place) Jalisco Mex.
(State or country)

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Demetria Sandoval

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 17 (Years)

18. Birthplace (city or place) Zacatecas Mex.
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 0 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 4:10 a.m. on the date above stated.
(Born alive or stillborn.)

Signature Cyril M. Brown M.D.
Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona.

Month, day, year _____ Filed Jan 15, 1930 Registrar C. G. ...

Registrar

Registrar

799-107-423