

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 in order of birth stated.

143

187 34

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

State File No. _____
 Registered No. _____

1. PLACE OF BIRTH

County Mila State Arizona
 District or Township _____ or Village _____
 City Miami No. 713 Pine Oak St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Paz Enciso { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Jan 9 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Juan Enciso
 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 25 (Years)
 12. Birthplace (city or place) Deming
 (State or country) New Mex.
 13. Occupation
 Nature of industry Miner
 20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
 Full maiden name Auria Herrera
 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 24 (Years)
 18. Birthplace (city or place) Guanajuato
 (State or country) Mex.
 19. Occupation
 Nature of industry Housewife
 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 stillborn at 7 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
(Physician or midwife).

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

Filed Jul 1 30 1930 Jed E. Dorn
 Registrar Registrar

756-109-181-