

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 269 222
Registered No. 48

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 63 1/2 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ophelia Penumeria
(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 7. Date of birth Jan. 27-1930
5. No. in order of birth _____ Month Day Year

8. FATHER
Full name Fidel Penumeria
9. Residence Miami, Arizona
(Usual place of abode)
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) Sonora, Mex.
(State or country)
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Maria Jesus Gomez
15. Residence Miami, Arizona
(Usual place of abode)
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 23 (Years)
18. Birthplace (city or place) Sonora, Mex.
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 5 } (a) Born alive and now living 4
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 1
(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 7-30 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.
Given name added from a supplemental report _____
Signature Byril M. Brown M.D. _____
Physician
(Physician or midwife.)
Address Miami, Arizona
Month, day, year _____
Filed Feb 1 1930 C. E. Dorn
Registrar. Registrar.

671-127-479

SEARCH IN OFFICE OF DEPUTY REGISTRAR