

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 717
Registered No. 786

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3207 Loomis Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Refugio Sainez } 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 _____ }
5. No., in order of birth _____ }
6. Legitimate? yes }
7. Date of birth April 27 1930
Month Day Year

8. FATHER
Full name Domingo Sainez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 24 (Years)
12. Birthplace (city or place) _____
(State or country) Mexico
13. Occupation Miner
Nature of Industry Copper

14. MOTHER
Full maiden name Refugio Uribe
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) _____
(State or country) Mexico
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 1
(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 alive at 10:12 a m. on the date above stated.
(Born alive on ~~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 J. J. Miller
(Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year 9 29 - 4 27 - 9 15 Filed Apr 30, 30
Registrar. _____ Registrar.