

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 163  
Registered No. 627

1. PLACE OF BIRTH

County Hila State Arizona  
District or Township \_\_\_\_\_ or Village P.O. Box 64 - Claypool, Ariz.  
City Miami No. Claypool Ariz. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

2. Full name of child Maria Nunez

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplex or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_  
6. Legitimate? yes 7. Date of birth Nov-23-1930.  
Month Day Year

8. FATHER  
Full name Juan Nunez  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 34 (Years)  
12. Birthplace (city or place) Sinaloa  
(State or country) Mex.  
13. Occupation  
Nature of Industry Miner

14. MOTHER  
Full maiden name Elena Benites  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 33 (Years)  
18. Birthplace (city or place) Durango  
(State or country) Mex.  
19. Occupation  
Nature of Industry Housewife

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

Signature Leyril M. Brown M.D.  
(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 \_\_\_\_\_  
Address Miami, Arizona  
Month, day, year \_\_\_\_\_  
Filed 11 30 30 Registrar. E. E. Jones

459-1123-522