ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 176
Registered No. 32

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township ..... or Village .....

City MIAMI No. 12 Marion Canyon St., ... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Virginia Encinas } 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 .....
5. No., in order of birth .....
6. Legitimate? yes
7. Date of birth Jan 23 1931 (Month Day Year)

8. FATHER
Full name Pete Encinas

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 26 (Years)

12. Birthplace (city or place) Phoenix
(State or country) Arizona

13. Occupation Illuminating gas maker
Nature of Industry Public Utility Co.

14. MOTHER
Full maiden name Belle Whittow

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 25 (Years)

18. Birthplace (city or place) Windon
(State or country) Arizona

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(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 (Born alive or stillborn) at 3:05 P m. on the date above stated.

*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 F. F. Miller
F. F. MILLER, M. D.
(Physician or midwife.)
MIAMI, ARIZONA

Given name added from a supplementl report ..... Address .....
Month, day, year

Filed Jan 25, 1931 C. E. Irwin
Registrar.

Registrar.

552-123-266