

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 101a  
Registered No. 367

**1. PLACE OF BIRTH**

County Gila State Arizona

District or Township \_\_\_\_\_ or Village PO Box 1823 - Miami

City Miami No. 99 Red Springs Canons St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elisa Yglesis } If child is not yet named, make supplemental report, as directed.

1. Sex of Child	To be answered ONLY in event of plural births.	3. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>Feb. 2 - 1931</u> Month Day Year
<u>Female</u>				

8. FATHER  
Full name Angel Yglesis

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 20 (Years)

12. Birthplace (city or place) Mexico City, Mex.  
(State or country)

13. Occupation  
Nature of Industry Miner

14. MOTHER  
Full maiden name Maria Peña

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 17 (Years)

18. Birthplace (city or place) Jalisco, Mex.  
(State or country)

19. Occupation  
Nature of Industry Housewife

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.....  
(b) Born alive but now dead.....  
(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 \_\_\_\_\_ P. M. on the date above stated.  
(Born alive or stillborn)

Signature Cyril M. Brown  
(Physician or midwife)

Address Miami, Arizona  
Month, day, year \_\_\_\_\_

\*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.

Witness Doc 519 St. Charles E. Chaire

582-20-411