

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 239

119

1. PLACE OF BIRTH

County Yuma State Arizona
District or Township _____ or Village _____
City Miami

2. Full name of child Rejilio Reyes
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)

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 July 16-1931
Month Day Year

8. FATHER
Full name Eledoriello Reyes

14. MOTHER
Full maiden name Bruna Lopez

9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 42 (Years)

16. Color or race Mex 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) Zacatecas Mexico
(State or country)

13. Occupation Miner
Nature of industry

19. Occupation H W
Nature of industry

20. Number of children of this mother 8
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 5
(c) Stillborn 0

21. Were precautions taken against opthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 11:40 p.m. on the date above stated
(Born alive or stillborn)

Signature Charles E. Davis
(Physician or midwife)

* 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 supplemental report 992-216-239
Month, day, year

Address Miami
Filed July 26, 1931 Registrar C. E. Davis

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.