

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

Registered No. 26

1. PLACE OF BIRTH

County DeLa State ARIZONA
District or Township _____ or Village _____
City MIAMI No. 1109 Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full name of child

George Mariscal

(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. Legitimater

yes

7. Date

of birth

Aug 13 1931
Month Day Year

8. FATHER

Full name

George Gonzalo Mariscal

14. MOTHER

Full maiden name

Yvonne Adela

9. Residence

(Usual place of abode)

MIAMI, ARIZONA

If non-resident, give place and state.

15. Residence

(Usual place of abode)

MIAMI, ARIZONA

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 29 (Years)

16. Color or race

Mexican

17. Age at last birthday 28

12. Birthplace (city or place)

(State or country)

Mexico Arizona

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of Industry

Life Insurance Salesman

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.)

3

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 1

21. Were precautions taken against? of thalimia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 11:45 P m. on the date above stated.
(Born alive or stillborn)

Signature

F. F. MILLER, M. D.

(Physician or midwife)

Given name added from a supplemental report

3-13-813-719
Month, day, year

Address

MIAMI, ARIZONA

Filed

Aug 3 1931 L. E. Davis
Registrar

Registrar