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

State File No. 147
Registered No. 299

1. PLACE OF BIRTH

County: Gila State: ARIZONA

District or Township: Lower Miami or Village:

City: MIAMI No. 42 Grover Canyon St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Saenez { 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: Sept 22 1931 (Month Day Year)

8. FATHER

Full name: Benjamin Saenez

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: 36 (Years)

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

13. Occupation: Barber
Nature of industry:

14. MOTHER

Full maiden name: Guadalupe Muro

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: 31 (Years)

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

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: 3
(b) Born alive but now dead: 0
(c) Stillborn: 1

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn (~~Born alive~~ or stillborn.) at 4:30 a.m. on the date above stated.

Signature: F. F. Miller

F. F. MILLER, M.C.
(Physician or midwife).

Address: MIAMI, ARIZONA

* 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: Month, day, year 029 922 740

Filed: Oct 5, 1931 G. E. Irvin
Registrar

Registrar

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING