

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 104  
Registered No. 31

1. PLACE OF BIRTH

County Yuma State Arizona  
Township Miami Village Kiser Crossing  
City Miami No. 1 Ward 1  
(If birth occurred in hospital or institution, give its NAME instead of street and number)

2. Full name of child

Juan Reyes (If child is not yet named, make supplemental report, as directed)

3. Sex

Male (If plural births) 4. Twin, triplet, or other None 5. Premature Yes 6. Date of birth Feb 6 1932  
7. Legally Yes 8. Date of birth (Month, day, year)

FATHER

MOTHER

18. Full maiden name Maria Reyes

18. Full maiden name Sara Ybarra

19. Residence (usual place of abode) (If nonresident, give place and date) Mexico

19. Residence (usual place of abode) (If nonresident, give place and date) Mexico

11. Color or race Mex 12. Age at last birthday 28 (Years)

20. Color or race Mex 21. Age at last birthday 24 (Years)

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

22. Birthplace (city or place) (State or country) Cleffon Arizona

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None

15. Industry or business in which work was done, as silk, sawmill, bank, etc. None

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None

16. Date (month and year) last engaged in this work 1931 Total time (years) spent in this work 1

25. Date (month and year) last engaged in this work 1931 Total time (years) spent in this work 1

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation 9 months 29. Cause of stillbirth Before labor  
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Resnick Bradford M. D.

or Maria Reyes Midwife

Given name added from a supplemental report 192-206-281 (Date of)

Address Miami  
Filed March 2, 1932 Charles [Signature] Registrar

Registrar

MARGIN RESERVED FOR BINDING

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.