ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 790

Registered No.

1. PLACE OF BIRTH

County Gila

Township

City Miami No. 66 or Street Highland Trail St. Ward

(If birth occurred in hospital or institution give its NAME instead of street and number)

2. Full name of child Reyes

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

3. Sex Female | If plural births: 4. Twin, triplet, or other ____ 5. Number in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate Yes | 8. Date of birth March 7, 1933 (Month, day, year)

FATHER

9. Full name Eleodoro Reyes

10. Residence (usual place of abode) (If nonresident, give place and State) Miami

11. Color Mex | 12. Age at last birthday 39 (Years)

13. Birthplace (City or town) (State or country) Mexico

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miner Floyd

16. Date (month and year) last engaged in this work, 19__ | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Bruno Lopez

19. Residence (usual place of abode) (If nonresident, give place and State) Miami

20. Color Mex | 21. Age at last birthday 30 (Years)

22. Birthplace (City or town) (State or country) Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as owner, hotel, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work, 19__ | 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 0

28. If stillborn, period of gestation ____ months or weeks | 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 or stillborn) at 11 P m. on the date above stated

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

Given name added from a supplemental report 02-307-237 (Date of)

(Signed) Walter D. Brayton, M.D. or Midwife

Address Miami, Ariz.

Filed 4/21, 1933 C. J. Perkins Registrar.

Registrar.

--- ONE, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.