ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 99

Registered No.

Arizona

1. PLACE OF BIRTH

County Gila State

Township Miami #142 Hoover Canon or Village

City Miami No. St. War

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

2. Full name of child Juan Enciza (If child is not yet named, make supplemental report, as directed)

3. Sex Male | 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 July 12, 1933 (Month, day, year)

FATHER

9. Full name Juan Enciza

10. Residence (usual place of abode) (If non-resident, give place and State)

11. Color or race Mex 12. Age at last birthday 78 (Years)

13. Birthplace (city or place) (State or country) Stinks Pass New 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.

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

MOTHER

18. Full maiden name Aurea Cabrera

19. Residence (usual place of abode) (If non-resident, give place and State)

20. Color or race Mex 21. Age at last birthday 71 (Years)

22. Birthplace (city or place) (State or country) Guanatana 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 own home, 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 1 (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 5.9 m. on the date above stated

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

(Signed) Nelson D. Brayton M.D.

or Miami Ariz. Midwife

Address

Filed July 4, 19 N D Brayton Registrar.

Given name added from a supplemental report (Date of)

Registrar.

SM 9-17-32 MS-47048

151-712-131

(If 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.)