

R. A. WATKINS PRINTING CO., PHOENIX

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH  
County of Pima  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 112  
Co. Register No. 393  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Perez } Born NO  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive YES

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legiti- mate? _____	Date of Birth <u>July 7</u> 191 <u>9</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Jesus Perez</u>			Full Maiden Name <u>Maria Vasquez</u>		
Residence <u>Miami</u>			Residence <u>Miami</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>24</u> (Years)	Color or Race <u>Mex</u>	Age at last Birthday <u>19</u> (Years)		
Birthplace <u>Mexico</u>			Birthplace <u>Mexico</u>		
Occupation <u>Miner</u>			Occupation <u>H.W.</u>		

Number of child of this mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on July 7 1919, at 3 1/2 M.  
\*When there is no attending physician or midwife, then the householder should make this return.  
(Signature) W.D. Brayton  
(Attending physician, midwife, householder.)\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_  
Address July 10 1919  
Filed AUG 6 1919  
A True Copy  
079-707-459 COUNTY REGISTRAR.  
W.D. Brayton LOCAL REGISTRAR.  
B.C. Cox COUNTY REGISTRAR.