

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

State File No. 129<sup>a</sup>  
Registered No. 420

1. PLACE OF BIRTH  
County Yuma State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Female 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 February 4 Month Day Year

8. FATHER  
Full name Merchor Seal  
9. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Helovina Drag  
15. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 33 (Years)

16. Color or race Mex 17. Age at last birthday 24 (Years)

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

18. Birthplace (city or place) Chihuahua, Mexico  
(State or country)

13. Occupation  
Nature of industry Miner

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was born at 8 A.M. on the date above stated (Born alive or stillborn.)  
Signature Neighbor - No Physician (Physician or midwife)

\*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 \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year 533-204-1016 Filed Jan 7, 1926 L. E. Drom  
Registrar Registrar