

12112

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.

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

1. County of Gila State Index No. 175  
District of \_\_\_\_\_ County Registrar No. 697  
Town of Miami Local Registrar No. \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. 99 Red Springs Canyon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Venegas } If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 4 6. Legitimate? yes 7. Date of birth Aug. 27, 1924  
Month day year

8. FATHER		14. MOTHER	
Full name <u>Fernando Venegas</u>		Full maiden name <u>Maria Jesus Alvarez</u>	
3. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state	
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>26</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>Zacatecas Mex.</u> (State or country)		18. Birthplace (city or place) <u>Zacatecas Mex.</u> (State or country)	
13. Occupation Nature of industry <u>Laborer</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>4</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born at 3 P. m. on the date above stated.  
(Born alive or stillborn)

Signature Beryl M. Brown M.D. (Physician or midwife)  
Address Miami, Ariz.  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed Sept 30, 1924 \_\_\_\_\_ Local Registrar.  
Filed 10-6, 1924 \_\_\_\_\_ County Registrar.

152-827-419