

WRITE CLEARLY 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of DeLa  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 226  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Francisco Sanchez (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 { 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 8 6. Legitimate? yes 7. Date of birth Jan. 29-1925  
 Month Day Year

8. FATHER  
 Full name Gregorio Sanchez

14. MOTHER  
 Full maiden name Adelaida Navarette

9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.

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 37 (Years)

16. Color or race Mex. 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Talisco, Mex.  
 (State or country)

18. Birthplace (city or place) Sinaloa, Mex.  
 (State or country)

13. Occupation  
 Nature of industry Laborer

19. Occupation  
 Nature of industry Housewife

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 8  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? yes

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 Byril M. Brown, M.D. (Physician or midwife)  
 Address Miami, Arizona

Given name added from a supplemental report. Filed April 5, 1925 Nelson S. Brayton  
 Month, day, year Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

629-129-155