

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 195
County Registrar No. _____
Local Registrar No. _____

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Miami
or _____
City of _____

No. 1520 Sullivan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Hector Rivera { 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. Twins, triplet or other. } 5. No., in order of birth 6 } 6. Legitimate? yes } 7. Date of birth Feb. 26-1925.
Month Day Year

8. FATHER
Full name Juan Rivera
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Ariz
10. Color or race Mex.
11. Age at last birthday 36 (Years)
12. Birthplace (city or place) Villa Garcia, Leon
(State or country) Mex.
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Maria Luis Hernandez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Ariz.
16. Color or race Mex
17. Age at last birthday 27 (Years)
18. Birthplace (city or place) Coahuila,
(State or country) Mex.
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 6
(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 7 A. m. on the date above stated
(Born alive or stillborn.)

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

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

Registrar _____ Filed _____, 19____ County Registrar _____

891 - 326 - 489

N. B. - In case of more than one child at a birth, a separate order
 WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD
 TO BE RETURNED TO THE BOARD OF HEALTH
 ORDERED FOR BINDING