

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or \_\_\_\_\_

City of \_\_\_\_\_ No. \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 190

County Registrar No. \_\_\_\_\_

Local Registrar No. 3dCity of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Marcelino Estrada (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 6 6. Legitimate? yes 7. Date of birth Apr. 26-1925  
Month Day Year8. FATHER  
Full name Louis Estrada14. MOTHER  
Full maiden name Beatrice Perez9. Residence (Usual place of abode) Miami, Ariz.  
If non-resident, give place and state.15. Residence (Usual place of abode) Miami, Ariz.  
If non-resident, give place and state.10. Color or race Mex. 11. Age at last birthday 35 (Years)16. Color or race Mex. 17. Age at last birthday 23 (Years)12. Birthplace (city or place) Chihuahua Mex.  
(State or country)18. Birthplace (city or place) Sonora Mex.  
(State or country)13. Occupation  
Nature of industry miner19. Occupation  
Nature of industry Housewife20. 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 3  
(b) Born alive but now dead 3  
(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 11:30 P. m. on the date above stated  
(Born alive or stillborn)\* 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.  
Signature Byril M. Brown, M.D. (Physician or midwife)  
Address Miami, Ariz.Given name added from a supplemental report \_\_\_\_\_ Filed May 7, 1925 P. E. Davis  
Month, day, year Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

451-426-279

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.