

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 entered.

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

State File No. 166  
Registered No. 170

1. PLACE OF BIRTH  
County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 911 Pine Oak St. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Enrique Benitez { 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. \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth. \_\_\_\_\_ 7. Date of birth July 9 - 1925  
Month Day Year

8. FATHER  
Full name Enrique Benitez  
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 24 (Years)  
12. Birthplace (city or place) Zacatecas  
(State or country) Mex.  
13. Occupation  
Nature of industry Plumber

14. MOTHER  
Full maiden name Carmen Matricito  
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 20 (Years)  
18. Birthplace (city or place) Nacozari  
(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 1  
(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 2 P. m. on the date above stated  
(Born alive or stillborn)

Signature Cyril M. Brown M.D.  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Ariz.  
Month, day, year \_\_\_\_\_  
529-709-346 Registrar P. E. Iron Registrar

\* 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.