

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 169

County Registrar No. _____

Local Registrar No. 315No. 1 Shome Rooms St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Alberto Sapiens { 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. Legitimate? yes 7. Date of birth Oct. 15, 1926
Month Day Year8. FATHER
Full name Alberto Sapiens
9. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.
10. Color or race Mex.
11. Age at last birthday 28 (Years)14. MOTHER
Full maiden name Refugio Ruiz
15. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.
16. Color or race Mex.
17. Age at last birthday 25 (Years)12. Birthplace (city or place) Sonora, Mex.
(State or country)18. Birthplace (city or place) Tombstone, Arizona
(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 8¹⁵ 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, ArizonaGiven name added from a supplemental report. Filed Nov 6 1926 Local Registrar C. E. J. J. J.

Registrar _____

Filed _____ 19 _____

County Registrar _____

122-1015-999

40 num.

In case of a birth, a SEPARATE No. must be made in order of birth stated.

In case of