

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 ... 3.—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.

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

State File No. 209
 Registered No. 341

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

2. Full name of child Elena Narez
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth Oct. 28 - 1925
 Month Day Year

8. FATHER
 Full name Miguel Narez
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 46 (Years)
 12. Birthplace (city or place) Michoacan, Mex.
 (State or country)
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Josepha Herrera
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 16. Color or race Mex.
 17. Age at last birthday 41 (Years)
 18. Birthplace (city or place) Michoacan, Mex.
 (State or country)
 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 6
 (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 1:10 A. m. on the date above stated
 (Born alive or stillborn.)

Signature Cyril M. Brown M.D.

 (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year _____
 Registrar _____ Filed Nov 13 1925 C. E. Dwin Registrar

559-1028-181