

N. D.—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. 174 ✓
 Registered No. 375

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 89 Red Springs St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nicanor Pena { 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 Nov. 18, 1926
 Month Day Year

8. FATHER

Full name Epifanio Peña
 Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 22 (Years)
 12. Birthplace (city or place) Jalisco
 (State or country) Mex.
 13. Occupation
 Nature of industry Miner

14. MOTHER

Full maiden name Amelia Quintero
 15 Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 16 Color or race Mex.
 17. Age at last birthday 18 (Years)
 18. Birthplace (city or place) Jalisco
 (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 10¹⁵ 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 Cyril M. Brown, M.D.
Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Filed Dec 4, 1926 Registrar C. E. ...

571-1116-1926