

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Pima
 District of _____
 Town of Miami BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH
 or _____
 City of 507 Orphan St State Index No. 129
 County Registrar No. 494
 Local Registrar No. _____
 No. _____ ST _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edward Suswa } 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. Gestate? 1
 7. Date of Birth Jan 3 1976
 Month day year

8. FATHER
 Full name Edward Suswa
 9. Residence (Usual place of abode) Miami
 If nonresident, give place and state _____

14. MOTHER
 Full maiden name Andria Fernandez
 15. Residence (Usual place of abode) Miami
 If nonresident, give place and state _____

10. Color or race Mexican
 11. Age at last birthday 76 (Years)

16. Color or race Mexican
 17. Age at last birthday 70 (Years)

12. Birthplace (city or place) Arizona
 (State or country)

18. Birthplace (city or place) Arizona
 (State or country)

13. Occupation
 Nature of Industry Miner

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother { (a) Born alive and now living: 1
 (b) Born alive but now dead: _____
 (c) Stillborn: _____
 (Taken as of time of birth of child herein certified and including this child.)

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 _____ at 2 P m. on the date above stated.

(Born alive or stillborn) _____
 Signature Messiah D. Brantley
 (Physician or midwife)

Address Miami

Given name added from a supplemental report _____
 Filed Feb 8 1976 _____
 Month, day, year. Local Registrar.

Registrar. _____ County Registrar.

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 stated.

521-103-149