

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

State File No. 1394  
Registered No. 444

**1. PLACE OF BIRTH**

County Bila State Arizona  
District or Township Inspiration or Village \_\_\_\_\_  
City Miami No. Inspiration Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Josi Jesus Tarvez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Jan 3 1926</u> Month Day Year
--------------------------------	--	---------------------------------	---------------------------------	------------------------------	---

8. **FATHER**  
Full name Louis Tarvez

9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race Mexican  
11. Age at last birthday 36 (Years)

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

13. Occupation miner  
Nature of industry Copper

14. **MOTHER**  
Full maiden name Emilia Blanco

15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

16. Color or race Mexican  
17. Age at last birthday 24 (Years)

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

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother <u>4</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>?</u>
---	--	--

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 8 P m. on the date above stated  
(Born alive or stillborn.)

Signature J. J. J. J.  
MD  
(Physician or midwife).

\* 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.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year 129-103-526  
Address Miami, Arizona  
Filed Jan 12, 1926 C. E. J. J.  
Registrar

*Certificate made out at request of Father; no attendant at birth, or later.*

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.