

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

State File No. 115  
 Registered No. 28

**1. PLACE OF BIRTH**

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

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

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births. <u>1</u>	4. Twin, triplet or other <u>1</u>	5. No., in order of birth. <u>1</u>	6. Legitimate? <u>yes</u>	7. Date of birth <u>Feb. 4, 1926</u> Month Day Year
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**8. FATHER**

Full name Angel Perez

9. Residence (Usual place of abode) Copper Hill, Ariz.  
If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 34 (Years)

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

13. Occupation  
 Nature of industry Miner

**14. MOTHER**

Full maiden name Rafaela Alvarez

15. Residence (Usual place of abode) Copper Hill, Ariz.  
If non-resident, give place and state.

16. Color or race Mexican

17. Age at last birthday 32 (Years)

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

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother eight  
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living six  
 (b) Born alive but now dead two  
 (c) Stillborn none

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 alive at 2:45 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 T. C. Harper, M.D.  
(Physician or midwife.)

Address Globe, Ariz.  
128 26 N. Dr. Mont

Month, day, year \_\_\_\_\_  
 Registrar \_\_\_\_\_

579-204-919

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.