

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

State File No. 127  
 Registered No. 522

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 3111 Turbey Shoot Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Luz Becerra { 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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Feb. 9, 1926  
 Month Day Year

**8. FATHER**  
 Full name Porfirio Becerra  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona

**14. MOTHER**  
 Full maiden name Pietra Gonzalez  
 15. 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 35 (Years)

16. Color or race Mex. 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Jalisco Mex.  
 (State or country)

18. Birthplace (city or place) Jalisco Mex.  
 (State or country)

13. Occupation  
 Nature of industry miner

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 6:15 A. m. on the date above stated  
(Born alive or stillborn.)

Signature Loyd M. Brown M.D. Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
 Month, day, year \_\_\_\_\_

Filed March 10, 1926 C. E. Davis  
 Registrar Registrar

421-209-779

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.