

WRITE ONLY WITH UNFADING INK. ONLY ONE SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH *Gila*

1. County of _____
District of *Claypool*
Town of *Miami*
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. *170 B.*
County Registrar No. _____
Local Registrar No. *675*

2. Full name of child. *Guadalupe Briens* (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 _____ 5. No., in order of birth. _____ 6. Legitimate? *yes* 7. Date of birth *March 20 1926*
Month Day Year

8. FATHER
Full name *Rafael Briens*

14. MOTHER
Full maiden name *Elena Rivera*

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

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

10. Color or race *Mexican* 11. Age at last birthday *39* (Years)

16. Color or race *Mexican* 17. Age at last birthday *35* (Years)

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

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

13. Occupation *miner*
Nature of Industry *Copper*

19. Occupation *Housewife*
Nature of Industry _____

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 *2*
(c) Stillborn *0*

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 *alive* at *2:50 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 *J. J. Miller*
Address *Miami, Arizona*
(Physician or midwife)

Given name added from a supplemental report. Filed *May 28, 1926* *C. E. Irwin*
Month, day, year Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

726-320-591