

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157

County Registrar No. _____

Local Registrar No. 600No. 1212 Sullivan St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maximo Avalos (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. Legitimate? yes 6. Legitimate? _____ 7. Date of birth Apr. 21, 1926 Month Apr. Day 21 Year 19268. FATHER Full name Maximo Avalos9. Residence (Usual place of abode) MiamiIf non-resident, give place and state. Arizona10. Color or race Mex. 11. Age at last birthday 49 (Years)12. Birthplace (city or place) Juarez, Chih. Mex. (State or country)13. Occupation Nature of Industry Miner14. MOTHER Full maiden name Ester Ulteveras15. Residence (Usual place of abode) MiamiIf non-resident, give place and state. Arizona16. Color or race Mex. 17. Age at last birthday 37 (Years)18. Birthplace (city or place) Parral, Chih. Mex. (State or country)19. Occupation Nature of Industry Housewife20. 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 4 (b) Born alive but now dead 10 (c) Stillborn _____21. Were precautions taken against ophthalmia neonatorum? YesCERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 40I hereby certify that I attended the birth of this child, who was born at 6:40 A. 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 Cyril M. Brown, M.D. (Physician or midwife) Address Miami, ArizonaGiven name added from a supplemental report _____ Filed May 14, 1926 C. E. Jim Local Registrar

Month, day, year

Filed _____, 19 _____

Registrar

County Registrar.

412-421-542

order of birth stated.