

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.

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 107
 County Registrar No. _____
 Local Registrar No. 691

No. 711 Live Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Paoul Enciso { If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of birth
<u>Male</u>			<u>yes</u>	<u>June 9, 1926</u> Month Day Year
		5. No., in order of birth		

8. FATHER

Full name Juan Enciso

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

10. Color or race Mex.

11. Age at last birthday 20 (Years)

12. Birthplace (city or place) Camp Baker
(State or country) New Mexico

13. Occupation miner
Nature of industry mining

14. MOTHER

Full maiden name Aurora Herrera

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

16. Color or race Mex.

17. Age at last birthday 20 (Years)

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

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.)	21. Were precautions taken against ophthalmia neonatorum?
(a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____	<u>yes</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 11:30 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 Byril M. Brown M.D. (Physician or midwife.)
 Address Miami, Arizona

Given name added from a supplemental report _____
 Month, day, year _____

Filed July 7, 26 19 26
 Local Registrar Le. E. J. J. J.
 Registrar _____ County Registrar _____

956-609-181