ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 119
County Registrar No.
Local Registrar No. 672

PLACE OF BIRTH

1. County of Gila
District of
Town of Miami
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Josephina Reynosa } 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?

7. Date of birth June 13 1926 (Month day year)

FATHER

8. Full name Isabello Reynosa
9. Residence (Usual place of abode) Miami
If nonresident, give place and state
10. Color or race Mexican
11. Age at last birthday 27 (Years)
12. Birthplace (city or place)
(State or country) Mexico
13. Occupation
Nature of industry Miner

MOTHER

14. Full maiden name Carmen Leyba
15. Residence (Usual place of abode) Miami
If nonresident, give place and state
16. Color or race Mexican
17. Age at last birthday 26 (Years)
18. Birthplace (city or place)
(State or country) Mexico
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 2
(b) Born alive but now dead 0
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn.) at 11:30 P.M. on the date above stated.

*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 evidences of life after birth.

Signature Nelson D. Brayton (Physician or midwife)
Address Miami

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

Filed July 3 1926 C. E. Brown Local Registrar.

Registrar.

Filed ..... 19.... County Registrar.

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.

191-615-321