

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1428
County Registrar No. _____
Local Registrar No. 712

No. 54 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Julietta Bejarans (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 June 28, 1926
Month Day Year

8. FATHER
Full name Francisco Bejarans
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 22 (Years)

14. MOTHER
Full maiden name Rosa Flores
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 19 (Years)

12. Birthplace (city or place) Teopolda
(State or country) New Mex.
13. Occupation Miner
Nature of Industry Minning

18. Birthplace (city or place) Tyrone
(State or country) New Mex.
19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother } (a) Born alive and now living 1 } 21. Were precautions taken against oph-
(Taken as of time of birth of child herein } (b) Born alive but now dead _____ } thalmia neonatorum?
certified and including this child.) } (c) Stillborn _____ } Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 9:10 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 Cyril M. Brown, M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Filed July 13, 1926 Geo. J. Iron Local Registrar.
Month, day, year
Registrar _____ County Registrar.

126-628-967