

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Yuma
 District of Lower Miami
 Town of Miami
 or
 City of _____

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171
 County Registrar No. 980
 Local Registrar No. _____

No. 35 Warrior Biding St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

{ If child is not yet named, make supplemental report, as directed.

2. Full name of child Morris Perez

3. Sex of Child male 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 Aug 13 1926
 Month Day Year

8. FATHER
 Full name Librado Perez
 9. Residence (Usual place of abode) Lower Miami
 If non-resident, give place and state. Arizona
 10. Color or race Mex. Can.
 11. Age at last birthday 22 (Years)
 12. Birthplace (city or place) _____
 (State or country) Mex. Co
 13. Occupation miner
 Nature of industry Copper

14. MOTHER
 Full maiden name Refugia Mejia
 15. Residence (Usual place of abode) Lower Miami
 If non-resident, give place and state. Arizona
 16. Color or race Mex. Can.
 17. Age at last birthday 25 (Years)
 18. Birthplace (city or place) _____
 (State or country) Mex. Co
 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 0
 (b) Born alive but now dead 0
 (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 (Born alive or stillborn.) at 11:10 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 evidence of life after birth. }
 Signature J. J. Miller (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report _____ Filed Aug 17 1926 Local Registrar D. S. King
 Month, day, year _____ Filed _____ County Registrar _____
 Registrar _____

order of birth stated.

479-813-941