

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Solo

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 202County Registrar No. 789

Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Enrique Arturo Peralta (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. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth August 23-1926
Month Day Year8. FATHER
Full name Enrique P. Peralta14. MOTHER
Full maiden name Francisca Vargas9. Residence (Usual place of abode) Hogab Son-Dux
If non-resident, give place and state.15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.10. Color or race Mexican 11. Age at last birthday 30 (Years)16. Color or race Mexican 17. Age at last birthday 27 (Years)12. Birthplace (city or place) Hermosillo
(State or country) Sonora Mex18. Birthplace (city or place) Juarez
(State or country) Mexico13. Occupation Merchant
Nature of industry19. Occupation House wife
Nature of industry20. Number of children of this mother 4
(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 0
(c) Stillborn 021. Were precautions taken against ophthalmia neonatorum? YesCERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 15 10I hereby certify that I attended the birth of this child, who was born alive at 12-11 pm. 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 Charles E. Drin M.D. (Physician or midwife)Address Miami ArizonaGiven name added from a supplemental report Filed Aug 24 1926 C.E. Drin Local Registrar.

Month, day, year

Local Registrar.

Filed _____, 19____ County Registrar.

Registrar

County Registrar.

in case of more than one child a birth, a SEPARATE RETURN must be made for each, and the number order of birth stated.

571-823-652