

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. 160
 County Registrar No. 851
 Local Registrar No. _____

No. 65 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 Rafael Vera { 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 _____ 6. Legitimate? yes
 5. No. in order of birth _____ 7. Date of birth Sept. 23, 1926
 Month Day Year

8. FATHER
 Full name Rafael Vera
 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 28 (Years)
 12. Birthplace (city or place) Sonora
 (State or country) Mex.
 13. Occupation
 Nature of Industry Miner

14. MOTHER
 Full maiden name Maria Lopez
 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 28 (Years)
 18. Birthplace (city or place) Sonora
 (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.)
 (a) Born alive and now living 4
 (b) Born alive but now dead _____
 (c) Stillborn _____

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 born at 11 A. 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. Cron (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report _____ Filed Oct 4 1926 C. E. From Local Registrar.
 Month, day, year

Registrar _____ Filed _____ 19____ County Registrar.

951-923-439

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—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.