

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Mila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 131County Registrar No. 872

Local Registrar No. _____

No. 3219 Turkey Shoot Canon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Antonio Vierra { 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 Oct. 1, 1926
Month Day Year8. FATHER
Full name Antonio Vierra14. MOTHER
Full maiden name Alejandra Valdez9. Residence (Usual place of abode) Miami, Arizona
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 Mex. 11. Age at last birthday 50 (Years)16. Color or race Mex. 17. Age at last birthday 31 (Years)12. Birthplace (city or place) Sinaloa, Mex.
(State or country)18. Birthplace (city or place) Sinaloa, Mex.
(State or country)13. Occupation Mechanic
Nature of industry mining19. Occupation Housewife
Nature of industry20. 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 8 P. m. on the date above stated
(Born alive or stillborn.)Signature Eyrl M. Brown M.D. (Physician or midwife)
Address Miami, ArizonaGiven name added from a supplemental report. Filed Nov 4, 26 688 Local Registrar.
Month, day, year

Registrar _____

Filed _____, 19____

County Registrar _____

151-1001-159