

## PLACE OF BIRTH

1. County of Yila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 182

County Registrar No. \_\_\_\_\_

Local Registrar No. 890No. 918 Live Oak St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Julietta Caballero { 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 Oct. 21, 1926  
Month Day Year

8. FATHER

Full name Jose Caballero9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.10. Color or race Mex.11. Age at last birthday 27 (Years)12. Birthplace (city or place) Chihuahua, Mex.  
(State or country)13. Occupation Miner  
Nature of industry mining

14. MOTHER

Full maiden name Felecita Caldero15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.16. Color or race Mex.17. Age at last birthday 25 (Years)18. Birthplace (city or place) Durango, Mex.  
(State or country)19. 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 4  
(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 10:45 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 Byril M. Brown (Physician or midwife)  
Address Miami, ArizonaGiven name added from a supplemental report. Filed Nov 4, 19 26  
Month, day, yearLocal Registrar. E. E. J...

Registrar \_\_\_\_\_

Filed \_\_\_\_\_, 19 \_\_\_\_\_

County Registrar. \_\_\_\_\_

136-1021-636

-In case of more than one child at a birth, a SEPARATE RETURN must be made in the order of birth stated.