

WRITE IN INK 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 206  
 County Registrar No. 899  
 Local Registrar No. \_\_\_\_\_

No. 907 Sullivan St St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Estela Encinas (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. 28, 1926  
 Month Day Year

8. FATHER  
 Full name Edwards Encinas  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 10. Color or race Mex.  
 11. Age at last birthday 22 (Years)

14. MOTHER  
 Full maiden name Ortencia Cota  
 15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona  
 16. Color or race Mex.  
 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Tombstone, Arizona  
 (State or country)  
 13. Occupation Miner  
 Nature of industry Mining

18. Birthplace (city or place) Tempe, Arizona  
 (State or country)  
 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 1  
 (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 4:30 P. m. on the date above stated  
 (Born alive or stillborn)

Signature Loyd M. Brown M.D. (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report Nov 4, 26 Filed \_\_\_\_\_ 19 \_\_\_\_\_  
 Month, day, year Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

552-1028-631