

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 122  
 Registered No. 910

1. PLACE OF BIRTH  
 County Yuma State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 25 Grover Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Luisa Tapia  
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 Nov 3 1926  
Month Day Year

8. FATHER  
 Full name Seprano Tapia  
 9. Residence Grover Canyon No 25 -  
(Usual place of abode)  
 If non-resident, give place and state.  
 10. Color or race Mexican  
 11. Age at last birthday 25 (Years)  
 12. Birthplace (city or place) Tepic Jalisco Mexico  
(State or country)  
 13. Occupation Miner  
 Nature of Industry

14. MOTHER  
 Full maiden name Luisa Seminario  
 15. Residence Grover Canyon No 25 -  
(Usual place of abode)  
 If non-resident, give place and state.  
 16. Color or race Mexican  
 17. Age at last birthday 22 (Years)  
 18. Birthplace (city or place) San Miguel Jalisco Mexico  
(State or country)  
 19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother 5  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 3  
 (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 Alive at 7 1/2 P.m. on the date above stated  
(Born alive or stillborn.)  
 Signature Rosa Cortez

\*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.  
 Given name added from a supplemental report \_\_\_\_\_  
 Address 708 Sullivan St  
 Month, day, year \_\_\_\_\_  
 Filed Nov 11 1926  
 Registrar Lo. E. Torres

TAKE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—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.

431-1103-326 11