

PLACE OF BIRTH

1. County of Yuma

District of _____

Town of Miami

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 125County Registrar No. 921

Local Registrar No. _____

No. 1013 Pine 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 Adriana Gomez { 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. 4, 1926
Month Day Year8. FATHER
Full name Esteban Gomez
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 38 (Years)
12. Birthplace (city or place) Sonora
(State or country) Mex
13. Occupation
Nature of industry Miner14. MOTHER
Full maiden name Urbina Malvarera
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 35 (Years)
18. Birthplace (city or place) Sonora
(State or country) Mex.
19. Occupation
Nature of industry Housewife20. 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 11 (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 12:40 A. m. on the date above stated
(Born alive or stillborn.)Signature Leyril M. Brown M.D. (Physician or midwife).
Address Miami, ArizonaGiven name added from a supplemental report Filed Nov 23, 1926 Lo. E. Druin
Month, day, year Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

179-1124-441