

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 176
County Registrar No. 936
Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Arturo Rivera { 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 Nov. 22, 1926.
Month Day Year

8. FATHER
Full name Pedro Olivaris Rivera
9. Residence (Usual place of abode) Claypool, Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Manuela Hernandez
15. Residence (Usual place of abode) Claypool, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 27 (Years)

16. Color or race Mex. 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) San Ignacio, Chih. Mex.
(State or country)

18. Birthplace (city or place) Presidio, Texas
(State or country)

13. Occupation Janitor
Nature of Industry Mining

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 2
(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 12:30 A. 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 Cyril M. Brown, M.D. (Physician or midwife).
Address Miami, Arizona

Given name added from a supplemental report. Filed Dec 1, 1926 Co. E. J. ... Local Registrar.

Registrar _____ Filed _____, 19 _____ County Registrar _____

191-1122-489