

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 Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 195
County Registrar No. 993
Local Registrar No. _____

No. 34 Warrior Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____
{ 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 _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth Dec 29, 1926
Month Day Year

8. FATHER
Full name Edwards Bertoldo
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 27 (Years)
12. Birthplace (city or place) Solomonville
(State or country) Arizona
13. Occupation Smelterman
Nature of industry Smelter

14. MOTHER
Full maiden name Alvina Garcia
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 24 (Years)
18. Birthplace (city or place) Las Cruces
(State or country) New Mex.
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 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 born at 7:30 P. m. on the date above stated
(Born alive or stillborn.)

Signature Cyril M. Brown M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year _____
Filed Jan 7, 1927 W. E. Dinn Local Registrar.
Filed _____, 19____
Registrar _____ County Registrar.

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