

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

State Index No. 197

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 997

Local Registrar No. \_\_\_\_\_

No. 25 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 Savina Rivera { 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 \_\_\_\_\_

6. Legitimate? yes7. Date of birth Dec. 30, 1926  
Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER  
Full name Delphinio Rivera14. MOTHER  
Full maiden name Rosa Brocamente9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona10. Color or race Mex.  
11. Age at last birthday 52 (Years)16. Color or race Mex.  
17. Age at last birthday 36 (Years)12. Birthplace (city or place) Jalisco  
(State or country) Mex.18. Birthplace (city or place) Globe  
(State or country) Arizona13. Occupation  
Nature of industry Storeman19. 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 7  
(b) Born alive but now dead 2  
(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 1:30 p. 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 Eyril M. Brown, M.D.  
(Physician or midwife)Address Miami, ArizonaGiven name added from a supplemental report.  
Month, day, yearFiled Jan 7, 1927 E. E. Finn  
Local Registrar.

Registrar

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

211-1230-925.