V

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 197

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 | 5. No., in order of birth | 6. Legitimate? yes | 7. Date of birth Dec. 30, 1926. (Month Day Year)

8. FATHER	14. MOTHER
Full name Delphinio Rivera	Full maiden name Rosa Brocamente
9. Residence (Usual place of abode) Miami	15 Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona	If non-resident, give place and state. Arizona
10. Color or race Mex.	16 Color or race Mex.
11. Age at last birthday 52 (Years)	17. Age at last birthday 36 (Years)
12. Birthplace (city or place) Jalisco,	18. Birthplace (city or place) Globe.
(State or country) Mex.	(State or country) Arizona.
13. Occupation	19. Occupation
Nature of industry Storeman	Nature of industry Housewife

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 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 (Born alive or stillborn.) at 1 30 P. m. on the date above stated

*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. Crow M.D. (Physician or midwife).

Address Miami, Arizona.

Given name added from a supplemental report (Month, day, year)

Filed Jan 7, 1927 C. E. Finn Local Registrar.

Registrar

Filed , 19 County Registrar.

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.

271 — 1230 — 925.