

*Supplement Attached*  
**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS  
 STANDARD CERTIFICATE OF BIRTH

State File No. 102  
 Registered No. 11

PLACE OF BIRTH  
 County Pima State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 25 Davis Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 Full name of child Prudencio Renteria (If child is not yet named, make supplemental report, as directed.)

Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Jan. 5 - 1928  
 5. No., in order of birth \_\_\_\_\_ Month Day Year

**FATHER**  
 Full name Prudencio Renteria  
 Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona  
 8. Color or race Mex. 11. Age at last birthday 34 (Years)  
 9. Birthplace (city or place) Chihuahua  
 (State or country) Mex.  
 10. Occupation  
 Nature of industry miner  
 12. 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 1  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_

**MOTHER**  
 Full maiden name Pietra Barrios  
 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) Sonora  
 (State or country) Mex.  
 19. Occupation  
 Nature of industry Housewife  
 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 alive at 11:15 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 Beryl M. Brown, M.D.  
 (Physician or midwife)  
 Address Miami, Arizona  
 Filed Jan 12, 1928 J. E. Jim Registrar

Given name added from supplemental report \_\_\_\_\_  
 Month, day, year  
791-105-722  
 Registrar