

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 49131  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 114 Red Springs Carson Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Minerva Felix (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? yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth Feb. 4 - 1928  
Month Day Year

8. FATHER  
Full name Samuel Felix  
9. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.  
10. Color or race Mex.  
11. Age at last birthday 27 (Years)  
12. Birthplace (city or place) Chihuahua Mex  
(State or country)  
13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Maria Acosta  
15. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.  
16. Color or race Mex.  
17. Age at last birthday 23 (Years)  
18. Birthplace (city or place) Sinaloa, Mex.  
(State or country)  
19. Occupation  
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 3  
(b) Born alive but now dead 3  
(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 alive at 5 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 Leyril M. Brown M.D.  
Physician (Physician or midwife).  
Address Miami, Arizona  
Filed Feb 15, 1928 Ed E. Finn Registrar

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year

Registrar

407-204-411

ONLY WITH UNFADING INK—THIS IS A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.  
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.