

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

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

State _____
Registered _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____

2. Full name of child Picardo Sanchez

(If birth occurred in a hospital or institution, give its NAME instead of street and number)
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

5. No., in order of birth _____

6. Legitimate?

yes

7. Date of birth

Feb-7-1928
Month Day Year

8. FATHER

Full name Adeliado Sanchez

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 28 (Years)

12. Birthplace (city or place)

(State or country)

Jalisco Mex.

13. Occupation

Nature of industry Laborer

14. MOTHER

Full maiden name Solome Malacio

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 26 (Years)

18. Birthplace (city or place)

(State or country)

Aguas Calientes Mex.

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 1
(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 4 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 Leyril M. Brown M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____

Address Miami, Arizona

Filed Apr 11, 1928 C.E.G. King
Registrar.

927-207-2110