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 File No. 144

Registered No. 57

1. PLACE OF BIRTH

County Gila State Ariz

District or Township ..... or Village .....

City Miami No. Church Hill St., ... Ward

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

2. Full name of child Alejandro Perez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. | 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 2 (Month) 10 (Day) 28 (Year)

8. FATHER

Full name Ignacio Perez

9. Residence (Usual place of abode)

If non-resident, give place and state. Miami

10. Color or race Mex | 11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Mex

(State or country)

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Maria Lopez

15 Residence (Usual place of abode) Miami

If non-resident, give place and state.

16 Color or race Mex | 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Mex

(State or country)

19. Occupation

Nature of industry H.W.

20. Number of children of this mother 3.

(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 .....

(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 alive (Born alive or stillborn.) at 11 a. 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 C. H. Pulvino

(Physician or midwife).

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

Address Miami

Filed Feb 15, 1928 C. E. Jones

Registrar

Registrar

179-210-439