

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

State File No. **68163**

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. E-42 Davis Canyon St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francis Sarago { 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 15 1928
Month Day Year

8. FATHER
Full name Ambros Sarago

14. MOTHER
Full maiden name Marin Pinon

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

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If non-resident, give place and state.

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

16. Color or race Mexican 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

18. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation Housewife
Nature of industry

19. Occupation Miner
Nature of industry Copper

20. Number of children of this mother _____ (a) Born alive and now living 3
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 5
(c) Stillborn 2

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 at 11 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 J. J. Miller
(Physician or midwife)

Given name added from _____ Address Miami, Arizona
Month, day, year _____
Registrar H. E. Dorman
Filed Feb 25 28 19 _____ Registrar

621-215-475

N. B.—In case of more than one child, order of birth stated.