

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

State File No. 173  
Registered No. 74

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 8 Grover Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carmen Guzmann { 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. 18 - 1928  
Month Day Year

**8. FATHER**  
Full name Pablo Guzmann  
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 24 (Years)  
12. Birthplace (city or place) Jalisco Mex.  
(State or country) \_\_\_\_\_  
13. Occupation  
Nature of industry Miner

**14. MOTHER**  
Full maiden name Candida Sneyer  
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 20 (Years)  
18. Birthplace (city or place) Jalisco Mex.  
(State or country) \_\_\_\_\_  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother \_\_\_\_\_ } (a) Born alive and now living 2  
(Taken as of time of birth of child herein certified and including this child.) } (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 born alive at 2 P. m. on the date above stated  
(Born alive or stillborn)

Signature Cyril M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Feb 25, 28 C. E. Jones  
Registrar Registrar

375-218-389

order of birth stated.

N. B.—In case of more than one child