



SUPPLEMENT ATTACHED

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

200
89

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3209 Loomis St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State File No. _____
Registered No. _____

2. Full name of child

~~Flora~~ Alexandra Suebans } If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

female

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date of birth

Feb 26 1928
Month Day Year

8. FATHER
Full name Flaurentius Suebans

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

10. Color or race Mexican
at last birthday 27 (Years)

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

13. Occupation Miner
Nature of industry Copper

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 5
(b) Born alive but now dead 1
(c) Stillborn 0

14. MOTHER
Full maiden name Refugia Suebans

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

16. Color or race Mexican
17. Age at last birthday 24 (Years)

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

19. Occupation Housewife
Nature of industry

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 4 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 J. J. Miller
(Physician or midwife)

Given name added from _____ Address Miami, Arizona

Month, day, year

Filed Feb 5 1928 C. C. Dine
Registrar

Registrar

436-226-449