

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

State File No. 204 V  
Registered No. 91

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 818 Pine Oak St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child \_\_\_\_\_

{ 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-28-1928  
Month Day Year

8. FATHER  
Full name Benino Tarango  
9. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 42 (Years)  
12. Birthplace (city or place) Pedroza, Tepas  
(State or country)  
13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Jesus Olvera  
15. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 35 (Years)  
18. Birthplace (city or place) Zacatecas, Mex.  
(State or country)  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother \_\_\_\_\_ } (a) Born alive and now living 4  
(Taken as of time of birth of child herein certified and including this child.) } (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 5:30 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.  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Signature Cyril M. Brown M.D.  
Physician  
(Physician or midwife).  
Address Miami, Arizona  
Filed Feb 5, 28 C. E. Jones  
Registrar Registrar

236-228-161

N. B.—In case of infant under one year of age at the date of birth stated, order of birth stated.