

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

State File No. 128  
Registered No. 108

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 900 Live 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 Elisa Guerra { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>	7. Date of birth <u>Mch. 10-1928</u> Month Day Year
		5. No., in order of birth		

**8. FATHER**  
Full name Marcial Guerra  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 22 (Years)  
12. Birthplace (city or place) Clifton  
(State or country) Arizona  
13. Occupation  
Nature of Industry Miner

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

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 <u>1</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead	
	(c) Stillborn	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 6 25 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 Eyril M. Brown M.D.  
Physician  
(Physician or midwife)

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

Month, day, year \_\_\_\_\_ Filed Mch 15 1928 B. E. Jorin  
Registrar Registrar

571-310-451