

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 147
Registered No. 130

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 30 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Adolfo Bojorquez
(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 Mar. 17 - 1928
Month Day Year

8. FATHER
Full name Adolfo Bojorquez

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) Sonora, Mex.
(State or country)

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Ruperto Mastellon

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 25 (Years)

18. Birthplace (city or place) Sinaloa, Mex.
(State or country)

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 3
(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 9:30 P. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
Physician

Given name added from a supplemental report _____ Address Miami, Arizona (Physician or midwife)

Month, day, year _____
Filed Apr 11, 1928 Registrar L. E. J...

129-317-925