

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171  
 County Registrar No. 126  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Marice Guzman } 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 \_\_\_\_\_  
 5. No., in order of birth \_\_\_\_\_  
 6. Legitimate? \_\_\_\_\_  
 7. Date of birth Feb 3 1928  
 Month day year

8. FATHER  
 Full name Ferdinand Guzman

14. MOTHER  
 Full maiden name Maria Campos

9. Residence (Usual place of abode) Miami  
 If nonresident, give place and state \_\_\_\_\_

15. Residence (Usual place of abode) Miami  
 If nonresident, give place and state \_\_\_\_\_

10. Color or race Mex  
 11. Age at last birthday 34 (Years)

16. Color or race Mex  
 17. Age at last birthday 32 (Years)

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

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

13. Occupation Miner  
 Nature of industry

19. Occupation Housewife  
 Nature of industry

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

\*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 evidences of life after birth.  
 Signature Wilson D. Brayton (Physician or midwife)  
 Address Miami

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year. Filed \_\_\_\_\_ 19\_\_\_\_  
 Registrar. Filed Apr 5 1928 Local Registrar C. E. O'Shea County Registrar.

475-330-432