

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Mesa

or

City of _____

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 109County Registrar No. 135

Local Registrar No. _____

2. Full name of child Samiel Masias
(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____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 1 6. Legitimate? yes 7. Date of birth Apr 20th 1928
Month Day Year

If child is not yet named, make supplemental report, as directed.

8. FATHER
Full name Secundino Masias9. Residence (Usual place of abode) Miami, Ariz
If nonresident, give place and state10. Color or race Mexican 11. Age at last birthday 29 (Years)12. Birthplace (city or place) _____
(State or country) Mexico13. Occupation
Nature of industry None14. MOTHER Same as Husband
Full maiden name Margaret Ada Masias15. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state Mexico16. Color or race Mexican 17. Age at last birthday 28 (Years)18. Birthplace (city or place) _____
(State or country) Mexico19. Occupation
Nature of industry Housewife20. 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 7
(b) Born alive but now dead none
(c) Stillborn none21. 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 7 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 John Hagan M.D.
(Physician or midwife)

Address _____

Given name added from a supplemental report _____
Month, day, year.Filed Apr 11, 28 19____Filed _____ 19____
Local Registrar.

Registrar.

County Registrar.

442 - 402 - 642