

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

State File No. 246 ^{a.a.}
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 4 Dairy Hill St. _____ Ward _____

2. Full name of child Beceinte Sanchez

3. Sex of Child

To be answered ONLY
 in event of plural
 births.

male

4. Twin, triplet or other

6. Legitimate?

yes

7. Date of birth

April 5 - 1928
 Month Day Year

8. FATHER

Full name

Antonio Sanchez

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

24 (Years)

12. Birthplace (city or place)

(State or country)

Jalisco Mex.

13. Occupation

Nature of industry

Smelter man

14. MOTHER

Full maiden name

Annie Maria Artiaga

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

19 (Years)

18. Birthplace (city or place)

(State or country)

Jalisco Mex.

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 2

(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 3:15 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

Cyril M. Cronin, M.D.
Physician

(Physician or midwife).

Address

Miami, Arizona

Month, day, year

Filed

June 11, 1928

Registrar.

H. E. Finn
 Registrar.

229-1105-111