

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

State File No. 136d  
 Registered No. 178

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 408 Pinal St St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gloria Sanchez } 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? yes }  
 7. Date of birth Apr-16-1928  
 Month Day Year

8. FATHER  
 Full name Becente Sanchez

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 32 (Years)

12. Birthplace (city or place) Durango Mex.  
 (State or country)

13. Occupation  
 Nature of industry Miner

14. MOTHER  
 Full maiden name Consuela Mendoza

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 26 (Years)

18. Birthplace (city or place) Durango 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 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 4 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. Brown, D.  
Physician  
 (Physician or midwife)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
 Month, day, year \_\_\_\_\_

Filed May 12, 28 Registrar L. E. Jones  
 Registrar.

729-216-311