ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 135

Registered No. 290

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 3016 Loomis Or St., — Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ismael Beltran — 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 junio 5 - 1928 (Month Day Year)

8. FATHER

Full name Cosme Beltran

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Ariz

10. Color or race white

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Badiraguato

(State or country) Sinaloa Mex

13. Occupation W

Nature of industry

14. MOTHER

Full maiden name Remedios Carbajal

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Ariz

16. Color or race mexican

17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Magistral del Oro

(State or country) Durango Mex

19. Occupation House wife

Nature of industry

20. Number of children of this mother 2

(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 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum. Arbargol

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 10 a.m. on the date 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 evidence of life after birth.

Signature J. Jimenez Alvarez M. D.

(Physician or midwife).

Given name added from a supplemental report ..... Month, day, year

Address Box 1666

Registrar.

Filed July 12, 1928 C. E. Trim Registrar.

825-605-933

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.