

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 190  
Registered No. 273

1. PLACE OF BIRTH

County Mila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 807 Line Oak St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child \_\_\_\_\_

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 June 26-1928  
Month Day Year

8. FATHER  
Full name Jose M. Cruz  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 31 (Years)

14. MOTHER  
Full maiden name Pomposa Charra  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Jalis co., Mex.  
(State or country)  
13. Occupation  
Nature of industry Miner

18. Birthplace (city or place) Jalis co., 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 3  
(b) Born alive but now dead 1  
(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 10<sup>05</sup> A. m. on the date above stated.  
(Born alive or stillborn)

Signature Ayril M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed July 3, 28 L. E. Jones

Registrar. \_\_\_\_\_ Registrar.

939-626-777

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of children with UNFADING INK—THIS IS A PERMANENT RECORD order of birth stated.