

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.

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

State File No. 192
 Registered No. 271

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 3308 Turkey Shoot Carson Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Louis Sanchez
(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 June 26-1928
Month Day Year

8. FATHER
 Full name Victor Sanchez

14. MOTHER
 Full maiden name Maria Cordova

9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.

15. 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)

16. Color or race Mex.
 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Jalisco, Mex.
(State or country)

18. Birthplace (city or place) Jalisco, Mex.
(State or country)

13. Occupation
 Nature of industry Laborer

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 4
 (b) Born alive but now dead 3
 (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 1 A. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Lerow M.D.
Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____
 Filed July 3 1928 Registrar G. E. Finn

327-624-431