

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 149

Registered No. 442

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 93 Red Springs Canon Ward _____

2. Full name of child Mustavo Giuseppe Pena (If birth occurred in a hospital or institution, give its NAME instead of street and number) 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 _____ 6. Legitimate? yes 7. Date of birth Sept. 16-1928 Month Day Year

8. FATHER Full name Jose Pena 14. MOTHER Full maiden name Isabelle Ferrell

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona

10. Color or race Mex. 11. Age at last birthday 32 (Years) 16. Color or race Mex. 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Jalisco, Mex. 18. Birthplace (city or place) Phoenix, Arizona

13. Occupation Nature of industry Miner 19. Occupation Nature of industry Housewife

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 5 (b) Born alive but now dead 2 (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 11 A. m. on the date above stated. (Born alive or stillborn)

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

Given name added from _____ Address Miami, Arizona

Month, day, year _____ Filed Nov 3, 1928 G. E. Jinn Registrar.

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