

SEPARATE RETURN must be made for each, and the number of ea.
order of birth stated.

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

State File No. 159
Registered No. 412

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1520 Bullion Plaza St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Jiminez
(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
5. No., in order of birth _____ 7. Date of birth Sept. 19-1928
Month Day Year

8. FATHER
Full name Adolpho Jiminez

14. MOTHER
Full maiden name Cruz Garcia

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 27 (Years)

16. Color or race Mex. 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Aguas Calientes Mex.
(State or country)

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

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 3
(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 _____
(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 P. 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 Byril M. Brown M.D.
Physician
(Physician or midwife).

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

Month, day, year _____
Filed Sept 30, 19 28 H. E. Dwyer
Registrar. Registrar.

119-919-371