

WHILE PLAINLY WITH UNFADING INK—THIS IS A REG. BIRTH 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. 180  
 Registered No. 418

1. PLACE OF BIRTH  
 County Maricopa State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 711 1/2 Church Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 2. Full name of child Alberto Perez 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 Sept 29, 1928  
 Month Day Year

8. FATHER  
 Full name Alberto Perez

14. MOTHER  
 Full maiden name Maria Gonzalez

9. Residence (Usual place of abode) Miami, Fla  
 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 24 (Years)

16. Color or race Mex

17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Chihuahua  
 (State or country) Mexico

18. Birthplace (city or state) Morenos  
 (State or country) Mexico

13. Occupation miner  
 Nature of industry Copper

19. Occupation H W  
 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. Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 7:10 m. on the date above stated.

Signature Charles E. Drinn  
 (Physician or midwife).

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

Month, day, year \_\_\_\_\_  
 Registrar \_\_\_\_\_ Filed Oct 5, 1928 Registrar C. E. Drinn

179-929-479