SUPPLEMENT ATTACHED

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

State File No. 147
Registered No. 427

1. PLACE OF BIRTH

County Gila State

District or Township or Village

City Miami No. St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus Everardo Perez

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child M | 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 Oct 10 1928 (Month Day Year)

FATHER

8. Full name Ismael Perez

9. Residence (Usual place of abode) Miami

If non-resident, give place and state.

10. Color or race Mexican | 11. Age at last birthday 40 (Years)

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

13. Occupation Nature of industry Miner

MOTHER

14. Full maiden name Bonifacia Medina

15. Residence (Usual place of abode) Miami

If non-resident, give place and state.

16. Color or race Mex | 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Mexico (State or country)

19. Occupation Nature of industry H.W.

20. Number of children of this mother 6 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 6 (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 or stillborn) at on the date above stated.

* 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 Nelson W Brayton M.D.

(Physician or midwife)

Address

Given name added from a supplemental report Month, day, year

Registrar

Filed Oct 12, 1928 R. E. Dobson

Registrar

179-1010-241

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.