ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 162 V

Registered No. 432

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: Tower Miami or Village: 20 Gross Canyon

City: No. St., Ward

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

2. Full name of child: Enriqueta Nunes

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

3. Sex of Child: Female

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 16 - 1928 (Month Day Year)

FATHER

8. Full name: Jose Nunes

9. Residence (Usual place of abode): Miami Ariz.

If non-resident, give place and state.

10. Color or race: Mex

11. Age at last birthday: 29 (Years)

12. Birthplace (city or place): Guanajuato

(State or country): Mex

13. Occupation: Miner

Nature of industry

MOTHER

14. Full maiden name: Josephina Perez

15. Residence (Usual place of abode): Miami Ariz

If non-resident, give place and state.

16. Color or race: Mex

17. Age at last birthday: 25 (Years)

18. Birthplace (city or place): Mexico City

(State or country): Mex

19. Occupation: Housewife

Nature of industry

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: 5

(b) Born alive but now dead: 1

(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 alive (Born alive or stillborn.) at 12:15 P m. 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: Charles E. Orr M.D. (Physician or midwife).

Address: Miami Ariz.

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

Registrar

Filed Oct 26, 1928 C. E. Orr Registrar

566-1016-179

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD