

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. 165  
456  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 95 Red Spring Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Andres { 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. Legitimate? yes } 7. Date of birth Oct. 17 - 1928  
Month Day Year

8. FATHER  
Full name Santiago Andres

14. MOTHER  
Full maiden name Eulalia 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 25 (Years)

16. Color or race Mex. 17. Age at last birthday 24 (Years)

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

18. Birthplace (city or place) Morenci, Arizona  
(State or country)

13. Occupation  
Nature of industry Miner

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 5 } (a) Born alive and now living 3  
(Taken as of time of birth of child herein certified and including this child). } (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 7:30 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 Nov 3 1928 Registrar. \_\_\_\_\_

116-1017-571