

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 178
435

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 65 Skyline Terrace St., _____ Ward _____

2. Full name of child Alvaro Sanchez
(If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____
(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 Oct 21 1928
Month Day Year

8. FATHER
Full name Giultermo Sanchez

14. MOTHER
Full maiden name Carlota Quirera

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 44 (Years)

16. Color or race Mexican
17. Age at last birthday 37 (Years)

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

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

13. Occupation miner
Nature of industry Copper

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 at 1:20 a. m. on the date above stated.
(Born alive or stillborn)

Signature J. J. Miller
M.D.
(Physician or midwife)

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

Month, day, year _____

Filed NOV 1 1928 Registrar G. B. Derry

Registrar _____

129-1021-371

PLAINLY WITH UP
 N. B.—In case of an illegitimate birth, it SEPARATE, IN order of birth stated.