

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

State File No. 113
554
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 108 Red Springs 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 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

Dec. 7 - 1928
Month Day Year

8. FATHER

Full name Lucio Perez

9. Residence (Usual place of abode)

Miami, Arizona
If non-resident, give place and state.

10. Color or race

Mex.

11. Age at last birthday 29 (Years)

12. Birthplace (city or place)

Zacatecas, Mex.
(State or country)

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Guadalupe Gutierrez

15. Residence (Usual place of abode)

Miami, Arizona
If non-resident, give place and state.

16. Color or race

Mex.

17. Age at last birthday 24 (Years)

18. Birthplace (city or state)

Zacatecas, Mex.
(State or country)

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

4
(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 2
(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 10:30 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 Cyril M. Brown, M.D.
Physician
(Physician or midwife).

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

Month, day, year _____

Filed Jan 10, 29 19 _____ C. E. Doorn
Registrar. Registrar.

179-1207-779