

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

State File No. 194
561
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 720 Church Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sylvestre Piñon
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 31 1928
Month Day Year

8. FATHER
Full name Jose Piñon

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 25 (Years)

12. Birthplace (city or place) Chihuahua, Mex
(State or country)

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Carmen Gonzalez

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 26 (Years)

18. Birthplace (city or state) Chihuahua, Mex
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 8
(Taken as of time of birth of child herein certified and including this child).
(a) Born alive and now living 4
(b) Born alive but now dead 3
(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 stillborn at 1:30 A. 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 _____

Registrar. _____
Filed Jan 10 1929 J. E. Jones
Registrar.

275-1231-379

21-31-41

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