

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

 State File No. 194
561

 Registered No. 561
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

 3. Sex of Child Male To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

 6. Legitimate? yes

 7. Date of birth Dec 31 1928
 Month Day Year

5. No., in order of birth _____

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)

 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

 Number of children of this mother _____
 taken as of time of birth of child herein identified and including this child) 8

 (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 Cyril M. Brown, M.D.
Physician

 Given name added from a supplemental report _____ Address Miami, Arizona (Physician or midwife).

Month, day, year _____

 Filed Jan 10 1929 J. E. Jones
 Registrar.

275-1231-379