

**CERTIFICATE AMENDED**  
**SEE NOTATION**

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

State File No. 165  
Registered No. 85

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township Siem 2 and 8 amended + Bapt. Cert. 3-27 or Village of Gourego by aff. of reg.  
City Miami No. 69 Grover Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Refugio J. Avregui { 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 7. Date of birth Feb. 18 - 1929  
Month Day Year

8. FATHER  
Full name Martin J. Avregui

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 26 (Years)

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

13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Andrea Sanchez

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 28 (Years)

18. Birthplace (city or place) Jalisco, Mex.  
(State or country)

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 4 (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 2 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 Byrd M. Brown M.D. Physician (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Midmi, Arizona

Month, day, year \_\_\_\_\_ Filed Feb 25, 1929 Registrar L. E. Damm

919-218-129

DEPT OF HEALTH STATIST.