

made for each, and the number of each.
RETURN TO THE BUREAU OF VITAL STATISTICS, ARIZONA STATE BOARD OF HEALTH, PHOENIX, ARIZONA, IN ORDER OF BIRTH STATED.

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

State File No. 134
Registered No. 104

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3021 Turkey Shoot St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carnesto Rivera { 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 Mch. 3-1929
Month Day Year

8. FATHER
Full name Candido Rivera

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 31 (Years)

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

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Juana Ybarra

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 23 (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 4 (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 born alive at 8:05 p.m. on the date above stated.
(Born alive or stillborn.)

Signature Byril M. Brown M.D.
Physician
(Physician or midwife)

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

Month, day, year _____ Filled March 12, 1929 C. E. Drin
Registrar Registrar

591-303-181