

2. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 202
134
Registered No. _____

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1015 Depot Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Maria Socorro Mejia { If child is not yet named, make supplemental report, as directed.
3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes
5. No. in order of birth. _____ 7. Date of birth Mar. 26 - 1929
Month Day Year

8. FATHER
Full name Enrique Mejia
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Zacatecas, Mex.
(State or country)
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Amelia Yniges
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 19 (Years)
18. Birthplace (city or place) Zacatecas, Mex.
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 2 (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 0
(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 4:35 P. m. on the date above stated.
(Born alive or stillborn)
Signature Cyril M. Brown M.D.
Physician (Physician or midwife).
Address Miami, Arizona
Filed Apr 5 1929 C. B. Brown
Registrar

441-326-182