

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. E. 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. 126  
Registered No. 157

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 923 Rose Road St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Marin { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Apr. 8 - 1929</u> Month Day Year
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**8. FATHER**  
Full name Mauro Marin  
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) Durango Mex.  
(State or country)  
13. Occupation  
Nature of Industry Miner

**14. MOTHER**  
Full maiden name Cruz Hernandez  
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 20 (Years)  
18. Birthplace (city or place) Chihuahua, Mex.  
(State or country)  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) <u>3</u>	(a) Born alive and now living _____ (b) Born alive but now dead, <u>✓</u> (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* 9:40  
I hereby certify that I attended the birth of this child, who was stillborn at 9:40 p. 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 Beryl M. Brown M.D.  
Physician (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Miami, Arizona  
Filed Apr 20 29 1929 Registrar \_\_\_\_\_

1195-1108-369