

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

State File No. 148
 Registered No. 189

1. PLACE OF BIRTH

County Miami State Arizona
 District or Township _____ or Village _____
 City Arizona No. 3126 Turkey Shoat St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Daniel Acosta { 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 April 12-1929
 5. No., in order of birth _____ Month Day Year

FATHER
 8. Full name Beningro Acosta
 9. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state. Arizona

MOTHER
 14. Full maiden name Phillipa Vasquez
 15. 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 27 (Years)

16. Color or race Mex. 17. Age at last birthday 15 (Years)

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

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

3. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife

10. Number of children of this mother _____ } (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes
Taken as of time of birth of child herein certified and including this child.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was born alive at 7:40 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 (Physician or midwife)

Given name added from supplemental report _____
 Address Miami, Arizona

Filed May 10, 1929 R. E. Jones
 Registrar Registrar

411-412-759

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B. 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.