

THIS IS A PERMANENT RECORD
 NAME KEPT WITH READING KEY - 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.

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

State File No. 190
 Registered No. 204

1. PLACE OF BIRTH

County Stila State Arizona
 District or Township _____ or Village 11109 Pine Oak St.
 City Miami No. Miami - Insp. Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gloria Ophelia Mariscal { 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. _____ }
 5. No., in order of birth. _____ } yes
 6. Legitimate? _____ }
 7. Date of birth Apr. 26 - 1929
 Month Day Year

8. FATHER
 Full name George Mariscal
 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 27 (Years)

12. Birthplace (city or place) Met. Calif. Ariz.
 (State or country)

13. Occupation Hoist man
 Nature of industry Mining

20. Number of children of this mother 2
 (Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
 Full maiden name Guadalupe Acker
 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 22 (Years)

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

19. Occupation Housewife
 Nature of industry

21. Were precautions taken against ophthalmia neonatorum? yes
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:45 P. M. on the date above stated.

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

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

Filed May 10, 1929
Dr. E. J. Finn
 Registrar

Registrar

743-496-719