

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

State File No. 154
 Registered No. 253

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 51 Porto Rico Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Albert Mariscal { 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
 5. No., in order of birth _____ 7. Date of birth May 10 - 1929
Month Day Year

8. FATHER
 Full name Victor 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 21 (Years)
 12. Birthplace (city or place) Mex. Calif. Ariz.
(State or country)
 13. Occupation
 Nature of industry Mining

MOTHER
 Full maiden name Ysabelle Albo
 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 17 (Years)
 18. Birthplace (city or place) Villa del Cobre
(State or country) Cuba
 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.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn _____
 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 5:10 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 Lynel M. Brown M.D.
(Physician or midwife)
 Address Miami, Arizona
 Filed June 12, 1929 C. G. Davis
Registrar

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

143-510-814