

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

State File No. 170  
Registered No. 253

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 33 Warrior Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juana Sermanis { 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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 15 - 1929  
Month Day Year

**8. FATHER**  
Full name Antonio Sermanis  
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 32 (Years)  
12. Birthplace (city or place) Jalisco, Mex.  
(State or country)  
13. Occupation  
Nature of industry Miner

**14. MOTHER**  
Full maiden name Magdalena Rivera  
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 28 (Years)  
18. Birthplace (city or place) Jalisco, Mex.  
(State or country)  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 5 } (a) Born alive and now living 5  
(Taken as of time of birth of child herein certified and including this child.) } (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 11:30 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 Byril M. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Address Miami, Arizona

Filed June 17, 1929 B. E. King  
Registrar Registrar

126 515 491

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.