

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

189
State File No. 255
Registered No. 255

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 52 Mex. Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juan Falkez
(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>May 23-1929</u> Month Day Year
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8. FATHER
Full name Jesus Falkez
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 45 (Years)
12. Birthplace (city or place) Sonora, Mex.
(State or country)
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Guadalupe Gomez
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 24 (Years)
18. Birthplace (city or place) Mexico City, Mex.
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother <u>6</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>4</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. m. on the date above stated.
(Born alive or stillborn.)

Signature Cyril M. Brown M.D.
Physician
(Physician or midwife)
Address Miami, Arizona
Filed June 12, 1929
Registrar C. E. Jones

* 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.

Given name added from a supplemental report _____
Month, day, year _____
Registrar _____

169-523-779 1