

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.

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

State File No. 398
Registered No. 398

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

2. Full name of child Alicia Francisca Enciso
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Girl 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 Aug 21st 1929
Month Day Year

8. FATHER
Full name Felipe Enciso

14. MOTHER
Full maiden name Paula Amundarez

9. Residence 711 Live Oak St
(Usual place of abode)
If non-resident, give place and state.

15. Residence 711 Live Oak St
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 26 (Years)

16. Color or race Mexican

17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Sta Barbara
(State or country) Chihuahua Mexico

18. Birthplace (city or place) Sta. Barbara
(State or country) Chihuahua Mexico

13. Occupation Miner
Nature of Industry

19. Occupation Housewife
Nature of Industry

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 3
(b) Born alive but now dead 1
(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 Alicia at 9:30 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 Rosal Cortez
(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____
Address 806 Sullivan St

Filed Aug 30, 1929 E. G. Dinn
Registrar

156-821-719