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

State File No. 536  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Yuma State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 3500 Loomis St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Adolfo Perez { 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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Nov 18 - 1929  
Month Day Year

8. FATHER Full name Bernabe Perez

14. MOTHER Full maiden name Paz Herado

9. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.

10. Color or race Mex

11. Age at last birthday 32 (Years)

16. Color or race Mexican

17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Jalisco Mexico  
(State or country)

18. Birthplace (city or place) Lower Miami Arizona  
(State or country)

13. Occupation mining  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 10  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 8  
(b) Born alive but now dead 2  
(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 12:30 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 Charles E. Davis  
(Physician or midwife)

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

Address Miami Arizona  
Filed Nov 28, 29 19 29  
Registrar C. E. Davis

179-1118-721