

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

State File No. 191  
557  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 99 Red Springs Canon Ward \_\_\_\_\_  
(If birth occurred in hospital or institution, give its NAME instead of street and number)

2. Full name of child Alejandro Reyes { 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, triple or other \_\_\_\_\_ 6. Legitimate? yes } 7. Date of birth Nov. 30 - 1929  
5. No., in order of birth \_\_\_\_\_ Month Day Year

8. FATHER  
Full name Juan Reyes  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona

14. MOTHER  
Full maiden name Pablo Martinez  
15. 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 26 (Years)

16. Color or race Mex  
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Durango Mex  
(State or country)

18. Birthplace (city or place) Santa Rita, New Mex.  
(State or country)

13. Occupation  
Nature of industry Miner

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 2 } (a) Born alive and now living 1  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 1  
} (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 1 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 Byrle M. Brown M.D.  
Physician (Physician or midwife).

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

Month, day, year \_\_\_\_\_ Filed Dec 9, 1929 Lo. E. Jim Registrar

Registrar  
192-1130-749