

14

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

State File No. 57
Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 720 Pine Oak St. St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and _____)

2. Full name of child Minerva Sanchez (If child is not yet named supplemental report, as of _____)

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 Dec. 14 - 1
Month Day Year

8. FATHER
Full name Gregorio Sanchez

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

10. Color or race Mex. 11. Age at last birthday 42 (Years)

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

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Felicita Chané

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

16. Color or race Mex. 17. Age at last birthday 37

18. Birthplace (city or place) Chihuahua Mex.
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn _____ 21. Were precautions taken against thalnia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 2:30 p. m. on the date above.

Signature Leyril M. Lerow M.D. Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Dec 20 19 29 Registrar L. E. J.

ORDER OF BIRTH SERIES.

4109-1214-539