ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 568

Registered No. 329

1. PLACE OF BIRTH

County Pima State Arizona

District or Township ..... or Village .....

City Tucson No. Stork Nest St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Patricia Dolores Brasil (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other..... 5. No., in order of birth.....	6. Legitimate?	7. Date of birth March 31 1926 (Month Day Year)
Girl			yes	

8. FATHER	14. MOTHER
Full name Ernest James Brasil	Full maiden name Mildred Dolores Hall
9. Residence (Usual place of abode) 876 E. 3rd St. If non-resident, give place and state.	15. Residence (Usual place of abode) 876 E. 3rd St. If non-resident, give place and state.
10. Color or race White	16. Color or race American
11. Age at last birthday 30 (Years)	17. Age at last birthday 25 (Years)
12. Birthplace (city or place) Tucson (State or country) Arizona	18. Birthplace (city or place) Tucson (State or country) Arizona
13. Occupation Waiter Nature of industry Restaurant	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 1 (b) Born alive but now dead ..... (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 or stillborn) at 8:30 a m. on the date above stated.

Signature Dr. Alvin C. Kinnel

Tucson (Physician or midwife).

* 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 ..... Address .....

Month, day, year

..... Registrar.

Filed 4/8 1926 Alvin Kinnel Registrar.

723-331-483

N. B.—In case of ... order of birth

Co.

Distri.

City.....