

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 161

District of _____

County Registrar No. _____

Town of Miami

Local Registrar No. 78

or _____

City of _____

No. 43 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number).

2. Full name of child Ramon Cano

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. Legitimate? yes

6. Date of birth

Feb. 19-1927
Month day year

8. FATHER
Full name

Jesus Cano

14. MOTHER
Full maiden name

Guadalupe Cardenas

9. Residence (Usual place of abode)

Miami

15. Residence (Usual place of abode)

Miami

If nonresident, give place and state

Arizona

If nonresident, give place and state

Arizona

10. Color or race
Mex.

11. Age at last birthday 24 (Years)

16. Color or race
Mex.

17. Age at last birthday 23 (Years)

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

Parral, Chih. Mex.

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

Chihuahua Mex.

13. Occupation
Nature of industry

Miner

19. Occupation
Nature of industry

Housewife

20. Number of children of this mother (Taken as of time of birth of child hereina certified and including this child.)

(a) Born alive and now living 2
(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 born at 3 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 evidences of life after birth.

Signature: Cyril M. Brown M.D.

Address: Miami, Arizona
Filed March 7, 1927 Le E. Dirm
Local Registrar.

Registrar.

Filed _____

County Registrar.

936-219-732