

SUPPLEMENT ATTACHED

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169

County Registrar No. 81

Local Registrar No. _____

No. 534 Gibson St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Succora Romero (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth.	6. Legitimate? <u>yes</u>	7. Date of birth <u>Feb. 24 - 1927.</u> Month Day Year
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8. FATHER
Full name Prudenciano Romero
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona.

10. Color or race Mex.
11. Age at last birthday 46 (Years)
12. Birthplace (city or place) Zacatecas,
(State or country) Mex.

13. Occupation
Nature of Industry Laborer

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 7
(b) Born alive but now dead 6
(c) Stillborn _____

14. MOTHER
Full maiden name Josepha Flores
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Mex.
17. Age at last birthday 45 (Years)
18. Birthplace (city or place) Zacatecas
(State or country) Mex.

19. Occupation
Nature of Industry Housewife

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 10 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 Cyril M. Brown M.D. (Physician or midwife).
Address Miami, Arizona

Given name added from a supplemental report _____ Filed Mch 7, 1927 G. E. Joris Local Registrar.
Month, day, year

Registrar

Filed _____ 19 _____

County Registrar.

496-224-167 " "