

MANLY ASS. RD.
S.A. WFTI
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When on a child at a birth, a SRPARENT RETURN must be made for each, and the number of each order of birth stated.

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

State File No. 9115
Registered No. 92

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1520 Bullion Plaza Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Consuelita Cornea { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Girl 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 Mar 4 1927
Month Day Year

8. FATHER
Full name Albino Cornea
9. Residence 1520 Bullion Plaza
(Usual place of abode)
If non-resident, give place and state.

14. MOTHER
Full maiden name Bertha Fernandez
15. Residence 152 Bullion Plaza
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 36 (Years)

16. Color or race Mexican
17. Age at last birthday _____ (Years)

12. Birthplace (city or place) Tepic Jalisco
(State or country) Jalisco Mexico

18. Birthplace (city or place) Sombretas Jalisco
(State or country) Mexico

13. Occupation
Nature of industry Miner

19. Occupation House wife
Nature of industry _____

20. Number of children of this mother 3
(Taken as of time of birth of child herein, certified and including this child.)
(a) Born alive and now living 3
(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 alive at 10 a. m. on the date above stated
(Born alive or stillborn.)

Signature Rosa Cortiz

*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 _____
Month, day, year _____

Address 708 Sullivan St

Filed Mar 12 1927 C. E. Irving
Registrar

Registrar

Registrar

331-304-269