

AMENDMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 140
Registered No. 109

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____
City Miami No. Porto Rico Canon St. _____

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

2. Full name of child Ortensia Moreno { If child is not yet named, supplemental report, as dir

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 Nov 10 1919 Month Nov Day 10 Year 1919

8. FATHER Full name Clemente Moreno

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 31 (Years)

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

13. Occupation Nature of industry Laundryman

14. MOTHER Full maiden name Natalia Roman

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 25

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

19. Occupation Nature of industry Housewife

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 4 (b) Born alive but now dead _____ (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 at 12¹⁵ A. m. on the date above (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. Toron M.D. Physician or midwife

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

Filed Nov 28, 1919 Registrar C. E. Toron

646-310-595