

...in order of birth stated.

PLACE OF BIRTH

1. County of Pima
District of _____
Town of _____
or Miami
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 187
County Registrar No. 150
Local Registrar No. _____

2. Full name of child Marcos Muños
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Apr 26 1927 (Month day year) If child is not yet named, make supplemental report, as directed.

8. FATHER
Full name Alejandro Muños
9. Residence 715 Church Hill St
(Usual place of abode)
If nonresident, give place and state _____
10. Color or race Mexican
11. Age at last birthday 31 (Years)
12. Birthplace (city or place) Rosario
(State or country) Sinaloa Mex.
13. Occupation Miner
Nature of industry _____

14. MOTHER
Full maiden name Candelaria Moreno
15. Residence 715 Church Hill St
(Usual place of abode)
If nonresident, give place and state _____
16. Color or race Mexican
17. Age at last birthday 28 (Years)
18. Birthplace (city or place) Lupas
(State or country) B. California
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 7 (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 Aline at 6:30 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.
Given name added from a supplemental report _____
Signature Rosa Cortez
(Physician or midwife)
Address _____
Filed Apr 30 1927 C. S. Dorn
Local Registrar.
Month, day, year.

Registrar. _____ Filed _____ 19 _____ County Registrar.

442-424-346