

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of.....

District of.....

Town of.....

or

City of.....

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171County Registrar No. 261Local Registrar No. 261

No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

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

2. Full name of child. Valdomero Manuel Terrazo If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other.....

6. Legitimate?

7. Date  
of birth 6 22 27  
Month Day YearM

5. No., in order of birth.....

yes

8.

FATHER

Full name

Manuel Terrazo

14.

MOTHER

Full maiden name

Emilio Muñoz

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami

10. Color or race

Mex11. Age at last birthday 24 (Years)

16. Color or race

Mex17. Age at last birthday 22 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Minor

19. Occupation

Nature of industry

N.W.

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 2(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against oph-  
thalmia neonatorum?yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was alive at 12 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.....

(Physician or midwife).

Address.....

Given name added from  
a supplemental report.

Month, day, year

5 31 - 6 22 - 5 42

Registrar

Filed June 30, 1927

Filed \_\_\_\_\_, 19\_\_\_\_

Local Registrar.

County Registrar.