

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated. THIS IS A PERMANENT RECORD.

SUPPLEMENT ATTACHED

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

State File No. 248  
 Registered No. 293

1. PLACE OF BIRTH  
 County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 820 Pine Oak St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Male 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 July 8 - 1927  
Month Day Year

8. FATHER  
 Full name Severo Tarango  
 9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
 10. Color or race Mex.  
 11. Age at last birthday 30 (Years)  
 12. Birthplace (city or place) Chihuahua, Mex.  
(State or country)  
 13. Occupation  
 Nature of industry Miner

14. MOTHER  
 Full maiden name Francisca Besarel  
 15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.  
 16. Color or race Mex.  
 17. Age at last birthday 25 (Years)  
 18. Birthplace (city or place) Guanajuato, Mex.  
(State or country)  
 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 3  
 (b) Born alive but now dead \_\_\_\_\_  
 (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 born alive at 1:15 P. 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 Layrl M. Cron M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year 136-708-623  
 Registrar  
 Address Miami, Arizona  
 Filed July 15, 1927 B. E. Cron  
 Registrar