ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 185

Registered No. 309

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. Claypool, Ariz. St. ..... Ward

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

2. Full name of child Auralia Moreno { If child is not yet named, make supplemental report, as directed.

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 July 21 1927 (Month Day Year)

8. FATHER

Full name Paublino 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 32 (Years)

12. Birthplace (city or place) Casa Grande

(State or country) Arizona.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Francisca Carillo

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 29 (Years)

18. Birthplace (city or place) Tucson.

(State or country) Arizona.

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 5

(b) Born alive but now dead 3

(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 (Born alive or stillborn) at 2:30 P. m. on the date above stated

* 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. Cron M.D.

Physician (Physician or midwife).

Given name added from a supplemental report ..... Month, day, year

Address Miami, Arizona

146-721-636 Registrar

Filed July 25, 1927 C. E. Tim Registrar

WITH UNFADING INK

N. B.—In case of more than one child at a birth, a SEPARATE REPORT must be made for each, and the number of ... order of birth stated.