

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

State File No. 426^a
 Registered No. 422

PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ of Village _____
 City Miami No. 921 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 Fernando Cano 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 _____ 6. Legitimate? yes 7. Date of birth Aug. 5-1927
 Month Day Year

FATHER
 8. Full name Fernando Cano
 9. Residence (Usual place of abode) Miami
 10. If non-resident, give place and state. Arizona
 11. Color or race Mexican
 12. Age at last birthday 24 (Years)
 13. Birthplace (city or place) Sonora
 (State or country) Mex.
 14. Occupation
 Nature of industry Miner

MOTHER
 14. Full maiden name Cruz Gutierrez
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 16. Color or race Mexican
 17. Age at last birthday 28 (Years)
 18. Birthplace (city or place) Sonora
 (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 3
 (b) Born alive but now dead 1
 (c) Stillborn _____
 21. Were precautions taken against ophthalmia neonatorum? stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was stillborn at 9 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 Lyril M. Brown M.D. Physician or midwife
 Address Miami, Arizona
 Filed Oct 15, 1927 Registrar L. E. Finn

Given name added from a supplemental report _____ Month, day, year _____
 Registrar _____
636-805-379