ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 136

Registered No. 352

PLACE OF BIRTH

unty Gila State Arizona

istrict or Township ..... or Village .....

ty Miami No. 49 Live Oak Canon St., ... Ward

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

Full name of child Romanita Sandoval { If child is not yet named, make supplemental report, as directed.

Sex of Child: emale | To be answered ONLY in event of plural births. | 4. Twin, ~~triplet or other~~ ..... 5. No., in order of birth 2nd | 6. Legitimate? yes | 7. Date of birth Aug - 8 - 1927 (Month Day Year)

FATHER	MOTHER
8. Full name Louis Sandoval	14. Full maiden name Juana Delgado
9. Residence (Usual place of abode) Miami,	15 Residence (Usual place of abode) Miami,
If non-resident, give place and state. Arizona.	If non-resident, give place and state. Arizona.
10. Color or race Mex.	16 Color or race Mex.
11. Age at last birthday 31 (Years)	17. Age at last birthday 34 (Years)
12. Birthplace (city or place) Chihuahua	18. Birthplace (city or place) Aguas Calientes
(State or country) Mex.	(State or country) Mex.
13. Occupation	19. Occupation
Nature of industry Miner	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 6
(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 12 15 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 Cyril M. Crow M.D.

Physician (Physician or ~~midwife~~).

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

Address Miami, Arizona

Filed Aug 15, 1927 C. E. Tom

Registrar

Registrar

923-808-1216