

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

State File No. 196  
386  
Registered No. 386

1. PLACE OF BIRTH  
County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1-13 Met. Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Consuela Magana { 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 Aug. 29-1927  
Month Day Year

**FATHER**  
Full name Ramon Magana  
D. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
10. Color or race Mex. 11. Age at last birthday 24 (Years)  
12. Birthplace (city or place) Jalisco  
(State or country) Mex.  
13. Occupation  
Nature of Industry Miner

**MOTHER**  
Full maiden name Josephina Morquez  
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 22 (Years)  
18. Birthplace (city or place) Jalisco  
(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 \_\_\_\_\_  
(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 9:12 P. m. on the date above stated  
(Born alive or stillborn)

Signature Cyril M. Larson M.D.  
Physician  
(Physician or midwife)

Address Miami, Arizona

Filed Sept 10, 27 C. E. Finn  
Registrar

\*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.  
Given name added from a supplemental report. Month, day, year \_\_\_\_\_  
Registrar

341-829-149

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1927  
File