

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

State File No. 140
Registered No. 497

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 35 Mex. Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Felez Romero

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 Nov-17-1927
Month Day Year

<p>8. FATHER Full name <u>Juquin Romero</u></p>		<p>14. MOTHER Full maiden name <u>Bacilia Grijeda</u></p>	
<p>9. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state. <u>Arizona</u></p>		<p>15. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state. <u>Arizona</u></p>	
<p>10. Color or race <u>Mex.</u></p>	<p>11. Age at last birthday <u>30</u> (Years)</p>	<p>16. Color or race <u>Mex.</u></p>	<p>17. Age at last birthday <u>43</u> (Years)</p>
<p>12. Birthplace (city or place) <u>Morelia</u> (State or country) <u>Mex.</u></p>		<p>18. Birthplace (city or place) <u>Jalisco</u> (State or country) <u>Mex.</u></p>	
<p>13. Occupation <u>Mechanic</u> Nature of industry <u>Mining</u></p>		<p>19. Occupation _____ Nature of industry <u>Housewife</u></p>	

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 4
(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 11:30 P. m. on the date above stated
(Born alive or stillborn)

Signature Eyril M. Brown, M.D.
Physician
(Physician or midwife)

Given name added from _____ Address Miami, Arizona

Month, day, year _____ Filed Nov 20, 1927 Registrar C. E. Irving

Registrar

696-1117-271

if each

for each

ARIZONA STATE BOARD OF HEALTH