

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

State File No. 142
 Registered No. 84

1. PLACE OF BIRTH

County Gila State _____
 District or Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel Montano
(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 _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Nov 17 1927
 Month Day Year

8. FATHER
 Full name Jesus Montano
 9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

14. MOTHER
 Full maiden name Manuela Pereira
 15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 24 (Years)

16. Color or race Mexican 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Mogabe
(State or country)

18. Birthplace (city or place) San Miguel
(State or country)

13. Occupation Labour
 Nature of industry _____

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 4
(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 1 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ 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 Charles B. Smith M.D.

Given name added from a supplemental report _____ (Physician or midwife)
 Address Hayden Arizona

Month, day, year _____
 Filed Nov 19, 1927 Registrar W.D. Park

446-1117-491

WRITE IN PENCIL IN THESE SPACES. RETURN must be made for each, and in order of birth stated. N. B.—In case of more than one child at a birth, a separate return must be made for each, and in order of birth stated.