

CERTIFICATE AMENDMENT

SEE NOTATION
PLACE OF BIRTH

Items 2 and 8 - first names amended by affidavit of registrant and school records dated 1943 (12-8-70 bme)

ARIZONA STATE BOARD OF HEALTH

1. County Gila

District of _____

Town _____

or Miami
City of _____

**BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH**

State Index No. 117

County Registrar No. 557

Local Registrar No. _____

2. Full name of child Amando Queros (If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child Male (If child is not yet named, make supplemental report, as directed.)

4. Twin, triplet or other _____ 5. Legitimate 6. Date of birth Dec 15 1927

7. Month Dec day 15 year 1927

8. FATHER
Full name Concepcion Campos Queros

9. Residence (Usual place of abode) Miami
If nonresident, give place and state _____

10. Color or race Mexican

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Beaumont Tex
(State or country) _____

13. Occupation Musician
Nature of industry _____

14. MOTHER
Full maiden name Polona Susana

15. Residence (Usual place of abode) Miami
If nonresident, give place and state _____

16. Color or race Hispanic

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Douglas Ariz
(State or country) _____

19. Occupation Homemaker
Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 3

(b) Born alive but now dead 0 21. Were precautions taken against ophthalmia neonatorum? Yes

(c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was _____ m. on the date above stated.
(Born alive or unborn.)

*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 evidences of life after birth.
Signature Frederic D. Brantley (Physician or midwife)

Address Miami, Fla

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

Filed Jan 10, 1928 Local Registrar. _____

Registrar. _____ County Registrar. _____

in order of birth stated.

189-1215-421