ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 167

Registered No. 91

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Miami No. 1216 1/2 Sullivan St. St., Ward

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

2. Full name of child: Amelia Munoz } 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: Feb. 6 1930 (Month Day Year)

FATHER

8. Full name: Guillermo Munoz

9. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

10. Color or race: Mex.

11. Age at last birthday: 39 (Years)

12. Birthplace (city or place): Sinaloa, Mex. (State or country)

13. Occupation: Miner

Nature of Industry:

MOTHER

14. Full maiden name: Adela Gonzalez

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: 29 (Years)

18. Birthplace (city or place): Baja Calif. (State or country)

19. Occupation: Housewife

Nature of Industry:

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.): 10

(a) Born alive and now living: 4

(b) Born alive but now dead: 6

(c) Stillborn: 0

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 (Born alive or ~~stillborn~~) at 3 40 A.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make 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

Signature: Cyril M. Crow M.D.

Physician (Physician or ~~midwife~~)

Address: Miami, Arizona

Filed Feb 15 1930 E. E. Jones Registrar.

Registrar.

149-206-179

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.