

CERTIFICATE AMENDED  
SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

Item 2 Surname, corrected per Aff  
of registrant & information Item 84  
State File No. 16-28-24-15  
Registered No. 94

1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 1113 Bird St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Antonio Tomali Lomeli } 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 Feb. 15-1930.  
5. No., in order of birth. \_\_\_\_\_ } Month Day Year

8. FATHER  
Full name Daniel Lomeli  
9. Residence (Usual place of abode) Miami, Arizona.  
If non-resident, give place and state. Arizona.  
10. Color or race Mex  
11. Age at last birthday 36 (Years)  
12. Birthplace (city or place) Sonora, Mex.  
(State or country)  
13. Occupation  
Nature of Industry Miner

14. MOTHER  
Full maiden name Ramona Chavarria  
15. Residence (Usual place of abode) Miami, Arizona.  
If non-resident, give place and state. Arizona.  
16. Color or race Mex  
17. Age at last birthday 38 (Years)  
18. Birthplace (city or place) Chihuahua, Mex.  
(State or country)  
19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living 4 } 21. Were precautions taken against ophthalmia neonatorum? yes  
(Taken as of time of birth of child herein certified and including this child.) 4 } (b) Born alive but now dead. 0 }  
(c) Stillborn 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was born alive at 8:15 P. M. on the date above stated.  
(Born alive or stillborn)

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

Given name added from a supplement report \_\_\_\_\_  
Address Miami, Arizona.  
Month, day, year Feb 20, 30  
Registrar C. E. J. J. J.

139-215-931

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each in order of birth stated.