

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 1378
Registered No. 137

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3 Warrior Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pedro Regnosa
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 March 13-1930.
Month Day Year

8. FATHER
Full name Ysabelle Regnosa

9. Residence (Usual place of abode) Miami, Arizona.
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 30 (Years)

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

13. Occupation
Nature of Industry Smelter

14. MOTHER
Full maiden name Carmen Segala

15. Residence (Usual place of abode) Miami, Arizona.
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Chihuahua, Mex.
(State or country)

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. 6 } (a) Born alive and now living 4
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 2
(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 at 1 A. m. on the date above stated.
(Born alive or stillborn)

Signature Eyril M. Cron M.D.
Physician
(Physician or midwife.)

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

Registrar. Chas. B. E. Irwin Registrar.

791 - 313 - 321