

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

State File No. 1330
 Registered No. 218

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ Village _____
 City Miami No. 923 Sullivan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Agustin Laguna { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy 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 May 2 1930
 Month Day Year

8. FATHER
 Full name Gabriel Laguna
 9. Residence 923 Sullivan St
(Usual place of abode)
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Ramondios Romegal
 15. Residence 923 Sullivan St
(Usual place of abode)
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 27 (Years)

16. Color or race Mexican 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Salmonville
(State or country) Arizona U.S.A

18. Birthplace (city or place) Canoana
(State or country) Sonora Mexico

13. Occupation miner
 Nature of industry _____

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____ 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 Aline at 4:30 A.m. on the date above stated.
(Born alive or stillborn.)

Signature Rosa Cruz
(Physician or midwife).

Given name added from a supplemental report _____ Address 806 Sullivan St
 Month, day, year _____ Filed May 12 30 C. G. Brown
 Registrar Registrar

131-507-951