

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

State File No. 386 151
 Registered No. 386

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 10 W. Live Oak Canon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pablo Romero } 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 June 7 - 1930
 Month Day Year

8. FATHER

Full name Juquin Romero

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 30 (Years)

12. Birthplace (city or place) Mexico City

(State or country) Mex.

13. Occupation

Nature of Industry Miner

14. MOTHER

Full maiden name Sarah Alvarez

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 15 (Years)

18. Birthplace (city or place) Guadalajara

(State or country) Mex.

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living 1
 (Taken as of time of birth of child herein } (b) Born alive but now dead 0
 certified and including this child.) } (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 7:50 A. m. on the date above stated.
 (Born alive or stillborn)

Signature Cyril M. Brown M.D.

(Physician or midwife.)

Given name added from _____ Address Miami, Arizona

Month, day, year _____ Filed June 15 1930

Registrar. _____ Registrar. C. E. Jones

MADE BY ORDER OF BIRTH REGISTERS

796-607-219