

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 170
Registered No. 393

1. PLACE OF BIRTH

County Kila State Arizona
District or Township _____ or Village _____
City Miami No. 12 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mannel Marin
} if child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	<small>To be answered ONLY in event of plural births.</small>	4. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>June 12-1930.</u> Month Day Year
		5. No., in order of birth.....		

8. FATHER
Full name Rosolis Marin

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 42 (Years)

12. Birthplace (city or place) Zacate cas
(State or country) Mex

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Ramona 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 39 (Years)

18. Birthplace (city or place) Zacate cas
(State or country) Mex

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother..... <small>(Taken as of time of birth of child herein certified and including this child.)</small> <u>5</u>	(a) Born alive and now living... <u>3</u> (b) Born alive but now dead... <u>0</u> (c) Stillborn..... <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12 m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Crow M.D.
(Physician or midwife)

Given name added from a supplement report..... Address Miami, Arizona
Month, day, year _____
Filed June 30 1930 Registrar E. E. Jones

445-612-979