

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

State File No. 138  
 Registered No. 482

1. PLACE OF BIRTH  
 County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 600 Esperanza av St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 } If child is not yet named, make supplemental report, as directed.

2. Full name of child. Roberto Montes  
 3. Sex of Child } To be answered ONLY } 4. Twin, triplet or other. \_\_\_\_\_  
 } in event of plural } 5. No., in order of birth. \_\_\_\_\_  
 } births. } male } 7/5 }  
 6. Legitimate? \_\_\_\_\_ 7. Date of birth August-9-1930  
 Month Day Year

8. FATHER  
 Full name Zeferino Montes  
 9. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona  
 10. Color or race Mexican  
 11. Age at last birthday 35 (Years)  
 12. Birthplace (city or place) Torreón  
 (State or country) Coahuila Mex  
 13. Occupation Taylor  
 Nature of Industry \_\_\_\_\_

14. MOTHER  
 Full maiden name Cruz Casas  
 15. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona  
 16. Color or race Mexican  
 17. Age at last birthday 31 (Years)  
 18. Birthplace (city or place) José de Armas  
 (State or country) Durango  
 19. Occupation House wife  
 Nature of Industry \_\_\_\_\_

20. Number of children of this mother. 6 } (a) Born alive and now living 6  
 } (b) Born alive but now dead 1  
 (Taken as of time of birth of child herein } (c) Stillborn 1  
 certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 I hereby certify that I attended the birth of this child, who was Born alive at 7:45 pm on the date above stated.  
 (Born alive or stillborn)

Signature J. J. Gomez (Physician or midwife.)  
 \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
 Given name added from a supplemental report \_\_\_\_\_ Address P. O. Box # 1666  
 Month, day, year \_\_\_\_\_ Filed Aug 15 1930 Registrar R. E. Dineen

942-809-332

each in order of birth stated.