

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 205
Registered No. 508

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

2. Full name of child Romona Canizales
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child mf 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 8 31 20
Month Day Year

8. FATHER
Full name Juan Canizales

14. MOTHER
Full maiden name Fidela Gonzales

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

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

10. Color or race mf 11. Age at last birthday 23 (Years)

16. Color or race mf 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Mexico
(State or country)

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

13. Occupation Truck Driver
Nature of Industry

19. Occupation N W.
Nature of Industry

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:30 a.m. on the date above stated.
(Born alive or stillborn.)

* 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.

Signature C. F. Perkins

Address Miami (Physician or midwife).

Given name added from a supplemental report _____
Month, day, year _____

Filed Oct-8 1930 C. C. Drvin
Registrar Registrar

932-331-672