

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 180
Registered No. 569

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 802 Line Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lucille Cornejo
(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. _____ 6. Legitimate? yes 7. Date of birth Sept. 28 - 1930
Month Day Year

8. FATHER
Full name Ramon Cornejo
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) Sonora
(State or country) Mex
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Maria Ruiz
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 30 (Years)
18. Birthplace (city or place) Sonora
(State or country) Mex
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living 3
(Taken as of time of birth of child herein certified and including this child.) 4 } (b) Born alive but now dead. 1
(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 11 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 Oct 12 1930 Registrar C. E. Jones

336-928-499