

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 126
Registered No. 657

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 552 - Miami, Ariz.
City Miami No. 100 Red Springs Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Federico Cesena Jr. } If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other... J } 5. No., in order of birth... yes } 6. Legitimate? yes } 7. Date of birth Dec. 5 - 1930
Month Day Year

8. FATHER
Full name Federico Cesena
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 (Years) 21

12. Birthplace (city or place) Courtland
(State or country) Arizona

13. Occupation Clerk
Nature of Industry Shoe store

14. MOTHER
Full maiden name Dolores Amador
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 (Years) 22

18. Birthplace (city or place) Douglas
(State or country) Arizona

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 _____ } 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 1 P. m. on the date above stated.
(Born alive or stillborn)

Signature Byril M. Brown M.D.
(Physician or midwife.)

Given name added from _____ Address Miami, Arizona

a supplemental report. _____ Month, day, year _____
Registrar. _____ Filed Dec 14 1930 _____ Registrar.

631-1205-419