

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 197
Registered No. 714

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village P.O. Box 555- Miami, Ariz.
City Miami No. 1127 Sullivan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Josephina Roman } 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. _____ }
5. No., in order of birth. _____ }
6. Legitimate? yes }
7. Date of birth Dec. 28-1930. Month Dec Day 28 Year 1930

8. FATHER
Full name Florencio Roman
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 28 (Years)
12. Birthplace (city or place) Zacatecas
(State or country) Mex.
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Refugia 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 24 (Years)
18. Birthplace (city or place) Zacatecas
(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 } (b) Born alive but now dead. 0
certified and including this child.) } (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 6 A. m. on the date above stated.
(Born alive or stillborn)

Signature Loyil M. Brown M.D. (Physician or midwife.)
Given name added from _____ Address Miami, Arizona
Month, day, year _____

Filed Jan 10 1931 Registrar B. E. Jones
Registrar _____

495-1228-999