

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

State File No. 627
 Registered No. 92

1. PLACE OF BIRTH

County Hila State Arizona
 District or Township _____ or Village P.O. Box 587
 City Miami No. 404 Gibson St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Anna Maria Tomali { 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 Feb. 18 - 1931
 Month Day Year

8. FATHER
 Full name Jose Tomali
 Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. _____
 10. Color or race Mex.
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) Jalisco Mex
 (State or country) _____
 13. Occupation
 Nature of Industry Miner

14. MOTHER
 Full maiden name Maria Esparza
 Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. _____
 16. Color or race Mex.
 17. Age at last birthday 23 (Years)
 18. Birthplace (city or place) Jalisco Mex
 (State or country) _____
 19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (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 3:30 p.m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Cronin (Physician or midwife)

Given name added from supplemental report 139-318-451 Address Miami, Arizona
 Month, day, year

Filed Apr 6 1931 Registrar J. E. Dunn

N. B.—In case of more than one cause of death, order of birth stated.