

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 138

Registered No. 130

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3320 Turkey Shoot St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

2. Full name of child. Alberto Limon

3. Sex of child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Apr. 23-1931
5. No., in order of birth. _____ month Day Year

8. FATHER
Full name Benito Limon
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. _____
10. Color or race Mex
11. Age at last birthday 38 (Years)
12. Birthplace (city or place) Jalisco Mex.
(State or country) _____
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Ramona de la Cruz
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. _____
16. Color or race Mex
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) Jalisco Mex.
(State or country) _____
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living. 8
(Taken as of time of birth of child herein } (b) Born alive but now dead. 4
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 4:55 P. m. on the day 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 Apr 30 1931 Registrar Do. E. Jimin

135-423-949

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