

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 97aa  
Registered No. 179

1. PLACE OF BIRTH

County Gila State Ariz

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Inacio Morin  
(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.

3. Sex of Child Boy To be answered ONLY in event of plural births. } 4. Twin, triplet or other. \_\_\_\_\_ } 6. Legitimate? Yes } 7. Date of birth May 4 1931  
Month Day Year

8. FATHER Full name <u>Aurelio Morin</u> 9. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state. _____ 10. Color or race <u>Mex</u> 11. Age at last birthday <u>36</u> (Years)	14. MOTHER Full maiden name <u>Maria Sanchez</u> 15. Residence (Usual place of abode) <u>Miami</u> If non-resident, give place and state. _____ 16. Color or race <u>Mex</u> 17. Age at last birthday <u>26</u> (Years)
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12. Birthplace (city or place) <u>Jalisco Mex</u> (State or country)	18. Birthplace (city or place) <u>Jalisco Mex</u> (State or country)
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13. Occupation <u>Miner</u> Nature of Industry	19. Occupation <u>house wif</u> Nature of Industry
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20. Number of children of this mother... 4 } (a) Born alive and now living... 2  
(Taken as of time of birth of child herein } (b) Born alive but now dead... X  
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 on the date above stated.  
(Born alive or stillborn)

Signature L M Castillo (Physician or midwife.)

Given name added from a supplemental report. \_\_\_\_\_ Address \_\_\_\_\_

Month, day, year \_\_\_\_\_ File June 19 31 L E. Iron Registrar

945-504-422