# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 103

Registered No. 153

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Miami No. 1215 Line Oak St. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Jose Munoz 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:

5. No., in order of birth:

6. Legitimate? yes

7. Date of birth: May 9 - 1931. (Month, Day, Year)

| FATHER | MOTHER |
|---|---|
| 8. Full name: Jose Munoz | 14. Full maiden name: Augustina Perez |
| 9. Residence (Usual place of abode): Miami | 15. Residence (Usual place of abode): Miami |
| If non-resident, give place and state: Arizona | If non-resident, give place and state: Arizona |
| 10. Color or race: Mex | 16. Color or race: Mex. |
| 11. Age at last birthday: 28 (Years) | 17. Age at last birthday: 21 (Years) |
| 12. Birthplace (city or place): Jalisco (State or country): Mex. | 18. Birthplace (city or place): Clifton (State or country): Arizona |
| 13. Occupation / Nature of industry: Miner | 19. Occupation / Nature of industry: Housewife |

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.): 2

(a) Born alive and now living: 2

(b) Born alive but now dead: 0

(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 (Born alive or stillborn.) at 6 1/2 P. m. on the date above stated.

Signature: Cyril M. Brow M.D. (Physician or midwife)

Address: Miami, Arizona

Filed: May 20, 1931 Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report: Month, day, year

Registrar

149-509-179

N. B.—In case of more than one child at a birth, a separate certificate for each in order of birth stated.