

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

State File No. 147  
 Registered No. 178

1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township \_\_\_\_\_ on Village P. O. Box 1771 - Miami, Ariz  
 City Miami No. 715 Church Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel Atenacio Peal (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>	7. Date of Birth <u>June 4 - 1931</u> Month Day Year
8. FATHER Full name <u>Atenacio Romero Peal</u>		14. MOTHER Full maiden name <u>Frances James</u>		
9. Residence (Usual place of abode) <u>Miami, Arizona</u> If non-resident, give place and state.		15. Residence (Usual place of abode) <u>Miami, Arizona</u> If non-resident, give place and state.		
10. Color or race <u>Mex.</u>	11. Age at last birthday. <u>27</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday. <u>18</u> (Years)	
12. Birthplace (city or place) <u>Jalisco Mex</u> (State or country)		18. Birthplace (city or place) <u>Bisbee Arizona</u> (State or country)		
13. Occupation Nature of Industry <u>Miner</u>		19. Occupation Nature of Industry <u>Housewife</u>		
20. Number of children of this mother. <u>1</u> (Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>1</u>	(b) Born alive but now dead <u>0</u>	(c) Stillborn <u>0</u>
		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 9 P. m. on the date above stated.  
(Born alive or stillborn)

\* 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.

Signature Cyril M. Brown M.D.  
 (Physician or midwife)

Given name added from a supplemental report. Month Day Year  
493-604-612  
 Registrar

Address Miami, Arizona  
 Filed June 11, 1931 C. E. Dine  
 Registrar