ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 155

Registered No. 189

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P.O. Box 1751 - Miami, Ariz

City Miami No. 27 Live 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 Germando Moreno } 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 June 7 - 1931. Month Day Year

8. FATHER

Full name Ysauro Moreno

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 24 (Years)

12. Birthplace (city or place) Chihuahua Mex (State or country)

13. Occupation

Nature of Industry Miner

14. MOTHER

Full maiden name Tranquilina Grijalva

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 27 (Years)

18. Birthplace (city or place) Tombstone Arizona (State or country)

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.) 7 } (a) Born alive and now living 4 (b) Born alive but now dead 3 (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 at 1 30 A.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. Crow M.D. (Physician or midwife.)

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

Address Miami, Arizona

Registrar.

Filed June 12 1931 C. E. [illegible] Registrar.

746-607-376