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

State File No. 130
Registered No. 218

1. PLACE OF BIRTH

County Gila State MI. ARIZONA

District or Township ..... or Village .....

City MIAMI No. 408 Gibson St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Efren Montenegro { 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 18 1931 (Month Day Year)

8. FATHER
Full name Santos Montenegro

9. Residence (Usual place of abode) MIAMI, ARIZONA
If non-resident, give place and state.

10. Color or race Mexican | 11. Age at last birthday 35 (Years) no certain of age

12. Birthplace (city or place) ..... (State or country) Mexico

13. Occupation Miner
Nature of industry Copper

14. MOTHER
Full maiden name Jesus Valenzuela

15. Residence (Usual place of abode) MIAMI, ARIZONA
If non-resident, give place and state.

16. Color or race Mexican | 17. Age at last birthday 30 (Years)

18. Birthplace (city or place) ..... (State or country) Mexico

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 2
(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 alive (Born alive or stillborn.) at 6 a m. on the date above stated.

* 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 F. F. Miller
(Physician or midwife).

F. F. MILLER, M. D.
Address MIAMI, ARIZONA

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

546-618-131
Registrar

Filed July 8, 1931 C. E. Irwin
Registrar