

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 924

Registered No. 6

1. PLACE OF BIRTH

County Gila State Arizona

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

City Miami No. Posto Rico Mill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. Belia Moreno { If child is not yet named, make supplemental report, as directed

3. Sex <u>female</u>	If plural births	4. Twin, triplet, or other.....	6. Premature ..... Full term.....	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Oct 12</u> , 19 <u>31</u> <small>(Month, day, year)</small>
		5. Number, in order of birth.....			

9. Full name Ignacio Moreno FATHER

18. Full maiden name Josephine Mora MOTHER

10. Residence (usual place of abode) Miami Ariz  
(If nonresident, give place and State)

19. Residence (usual place of abode) Miami  
(If nonresident, give place and State)

11. Color or race Mex 20. Age at last birthday 27 (Years)

21. Age at last birthday 20 (Years)

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

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. miner

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. A. M.

16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation \_\_\_\_\_ months or weeks

29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at \_\_\_\_\_ 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.

(Signed) Charles E. Jones, M.D.  
 \_\_\_\_\_, Midwife

Given name added from 346-1012-141  
 a supplemental report. \_\_\_\_\_ (Date of)

Address \_\_\_\_\_  
 Filed Jan 28, 1933 C. E. Davis  
 Registrar.