Supplement attached

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 119a

Registered No. 55

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Miami No. 4 Porto Rico Canon Ward

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

2. Full name of child: Guadalupe Giona [If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Female | 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: Feb. 15 - 1932 (Month Day Year)

FATHER

8. Full name: Narciso Giona

9. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

10. Color or race: Mex.

11. Age at last birthday: 37 (Years)

12. Birthplace (city or place): Chihuahua

(State or country): Mex.

13. Occupation

Nature of industry: Smelter

MOTHER

14. Full maiden name: Teresa Navarette

15. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

16. Color or race: Mex.

17. Age at last birthday: 32 (Years)

18. Birthplace (city or place): Chihuahua

(State or country): Mex.

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.): 8

(a) Born alive and now living: 8

(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 1:40 p. 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: Cyril M. Cron M.D. (Physician or midwife)

Address: Miami Arizona

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

Filed Mch 11, 1932 C. E. Orme Registrar

Registrar

771-215-355

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.