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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 123

Registered No. 37

1. PLACE OF BIRTH

County Gila State ARIZONA

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

City MIAMI No. 534 Gibson St. ..... Ward

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

2. Full name of child Mario Romo (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 Feb 21 1932 (Month Day Year)

8. FATHER

Full name José Romo

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)

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

13. Occupation Surface labour

Nature of industry Copper Smelter

14. MOTHER

Full maiden name Petra Moreno

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 26 (Years)

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

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5

(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 5:10 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 F. F. Miller

F. F. MILLER, M. D. (Physician or midwife).

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

Address MIAMI, ARIZONA

Registrar

Filed Mch 2, 1932 Charles E. Irwin Registrar

496-221-746