

WASTE 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. 93  
 Registered No. 88

**I. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Betty Moreno  
 (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 April 4, 1932  
 Month Day Year

**FATHER**  
 8. Full name Paulino 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 37 (Years)  
 12. Birthplace (city or place) Casa Grande Arizona  
 (State or country)  
 13. Occupation  
 Nature of industry Miner

**MOTHER**  
 14. Full maiden name Rachel Carrillo  
 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 33 (Years)  
 18. Birthplace (city or place) Tucson Arizona  
 (State or country)  
 19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 11  
 (Taken as of time of birth of child hereto certified and including this child.)  
 (a) Born alive and now living 6  
 (b) Born alive but now dead 5  
 (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 12:30 p. 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 Lynil M. Brown M.D.  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona  
 Month, day, year \_\_\_\_\_  
 Filed April 9, 1932 C. E. Linn  
 Registrar Registrar

246-404-936