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

State File No. 115
Registered No. 763

1. PLACE OF BIRTH
County: Gila State: Arizona
District or Township: or Village: P. O. Box 565 - Miami - Ariz.
City: Miami No. 718 Reppy Ave St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Daniel Munoz
{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: Apr. 26 - 1932 (Month Day Year)

FATHER
8. Full name: Amalio J. Munoz
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: 29 (Years)
12. Birthplace (city or place): Metcalf
(State or country): Ariz.
13. Occupation
Nature of Industry: Miner

MOTHER
14. Full maiden name: Ofelia Bocardo
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: 19 (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.) 1
(a) Born alive and now living 1
(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 11:20 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: Cyril M. Crow M.D. (Physician or midwife).
Address: Miami, Arizona.
Given name added from a supplemental report _____ Month, day, year _____ Registrar
Filed May 4, 1932. A. E. Osmin Registrar

1119 - 1126 - 626