CERTIFICATE AMENDED
SEE NOTATION

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

State File No. 90
Registered No. 132

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Miami Item 3 corrected per affidavit of Registrant + Bapt. Cert. 10-19-32 Ward

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

2. Full name of child: Cornelio Simon { 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: 7-11-32 (Month Day Year)

8. FATHER	14. MOTHER
Full name: Carmen Simon	Full maiden name: Antonia Mendoza
9. Residence (Usual place of abode): Miami	15. Residence (Usual place of abode): Miami
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race: Mex	16. Color or race: Mex
11. Age at last birthday: 32 (Years)	17. Age at last birthday: 26 (Years)
12. Birthplace (city or place): Mexico	18. Birthplace (city or place): Mex
(State or country)	(State or country)
13. Occupation: Miner	19. Occupation: None.
Nature of Industry	Nature of Industry

20. Number of children of this mother: 6
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living: 4
(b) Born alive but now dead: 2
(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 alive (Born alive or stillborn.) at 8 a.m. on the date above stated.

Signature: C. E. Perkins (Physician or midwife).

Address: Miami Ariz.

Filed July 23, 1932 C. E. Perkins Registrar

* 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.

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

Registrar

325-0711-141

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.