ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

95

State File No. 95

Registered No. 5

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village

City Miami No. Porto Rico Hill St. Ward

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

2. Full name of child Gloria Moreno (If child is not yet named, make supplemental report, as directed)

3. Sex Female | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth Jan 27 1933 (Month, day, year)

FATHER

9. Full name Ignacio Moreno

10. Residence (usual place of abode) (If nonresident, give place and State) Miami Ari

11. Color or race Mex 12. Age at last birthday 29 (Years)

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

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Josephine Mora

19. Residence (usual place of abode) (If nonresident, give place and State) Miami

20. Color or race Mex 21. Age at last birthday 22 (Years)

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

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. H. W.

25. Date (month and year) last engaged in this work , 19

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months or weeks

29. Cause of stillbirth Before labor During labor

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 2:15 a.m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Charles E. Irvin M.D.

or Midwife

Address

Given name added from a supplemental report (Date of)

746-127-141 Registrar.

Filed Jan 28, 1933 C. E. Irvin Registrar.