ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 97

Registered No.

Arizona

1. PLACE OF BIRTH

County Gila State

Township Miami Village

City Miami No. 817 Pine Oak St. Ward

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

2. Full name of child Naomi Romero (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 Aug 26 33 (Month, day, year)

9. Full name FATHER Isidro Romero | 18. Full maiden name MOTHER Eva Hernandez

10. Residence (usual place of abode) (If non-resident, give place and State) Miami | 19. Residence (usual place of abode) (If non-resident, give place and State) Miami

11. Color or race Mex | 12. Age at last birthday 43 (Years) | 20. Color or race Mex | 21. Age at last birthday 44 (Years)

13. Birthplace (city or place) (State or country) Chihuahua Mexico | 22. Birthplace (city or place) (State or country) Chihuahua Mexico

OCCUPATION

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

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 Unemployed | 17. Total time (years) spent in this work

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.

25. Date (month and year) last engaged in this work Housewife, 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 2 (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 1 (Born alive or stillborn) 11:30 am on the date above stated

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

(Signed) Nelson S. Brayton M. D.

or Miami Ariz. Midwife

Address

Given name added from a supplemental report (Date of)

596-826-589 Registrar.

Filed Aug 27, 1933 [signature] Registrar

FM 3-17-32 MS-4704

[illegible] RETURN must be made for each, and the number of each in order of birth stated.