

1234

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. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State Index No. **834**
ORIGINAL CERTIFICATE OF BIRTH **112** Co. Register No. **140**
Local Registrar's No. _____

PLACE OF BIRTH
County of Pima.
District of _____
Town of Miami.
or _____
City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Gregorio Moreno. { Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive }

Sex of Child <u>male</u>	Twin, Triplet or other <u>no</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 7</u> 191 <u>5</u> (Month) (Day) (Yr.)
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FATHER		MOTHER	
Full Name <u>Gregorio Moreno.</u>	Residence <u>Miami Ariz.</u>	Full Maiden Name <u>Rosa Rocco.</u>	Residence <u>Miami Ariz.</u>
Color or Race <u>Mexican.</u>	Age at last Birthday <u>30</u> (Years)	Color or Race <u>Italian-Mexican.</u>	Age at last Birthday <u>32</u> (Years)
Birthplace <u>Mexico</u>	Occupation <u>Printer.</u>	Birthplace <u>Mexico.</u>	Occupation <u>Housewife.</u>

Number of child of this mother... 5 Number of children, of this mother, now living... 4 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 6/7 1915, at 1500 M.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) B. W. Hardy M.D.
(Attending physician, midwife, householder, etc.)
Address Miami-Ariz.

Given or christian name added from a supplemental report _____ 191____

Filed June 10 1915 John H. Lacy LOCAL REGISTRAR.
A True Copy B. G. Fox COUNTY REGISTRAR.
Filed July 5 1915 COUNTY REGISTRAR.

COUNTY REGISTRAR.