ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1-74

Co. Registrar's No. 65

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Diego Armenta

Born Alive: YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child: Male | ~~Twin, Triplet~~ or other: | and | Number in order of birth: 6 | Legitimate? Yes | Date of Birth: Jan. 18 — 1920 (Month, Day, Yr.)

FATHER

Full Name: Manuel Armenta

Residence: Miami - Arizona

Color or Race: Mex

Age at last Birthday: 33 Years

Birthplace: Cananea - Mexico

Occupation: Miner

MOTHER

Full Maiden Name: Paubla Juarez

Residence: Miami - Arizona

Color or Race: Mex

Age at last Birthday: 26 Years

Birthplace: Durango - Mex

Occupation: Housewife

Number of child of this Mother: 6

Number of Children, of this mother, now living: 5

Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jan. 18, 1920, at 6 A. M.

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

Signature: April M. Cron M.D.
Attending physician, midwife, householder.*

Address: Miami - Ariz.

Given or Christian name added from a supplemental report _____ 191__

Filed _____ 191__ _____ LOCAL REGISTRAR.

411-118-719
COUNTY REGISTRAR.

A True Copy

Filed 2/10 1920 B. G. Hoy
COUNTY REGISTRAR.