# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166
Co. Registrar's No. 202
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 Baby Romero
If child is not named, make Supplemental Report on blank obtainable from local registrar.
Born Alive: ~~YES~~ NO

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 2 | Legitimate? yes | Date of Birth March 28 1920. (Month, Day, Yr.)

**FATHER**
Full Name Bacilio Romero
Residence Miami, Ariz.
Color or Race Mex
Age at last Birthday 28 Years
Birthplace Jalisco - Mex
Occupation Millman

**MOTHER**
Full Maiden Name Ester Fernandez
Residence Miami, Ariz.
Color or Race Mex
Age at last Birthday 20 Years
Birthplace Zacatecas - Mex
Occupation Housewife

Number of child of this Mother 2 | Number of Children, of this mother, now living 1 | 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 March 28 1920, at 4 A. M.

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

Signature Cyril M. Cron M.D.
Attending physician, midwife, householder.*

Address Miami, Ariz.

Given or Christian name added from a supplemental report ..... 191..

Filed April 1 1920 — T. H. Slaughter, LOCAL REGISTRAR.

096-328-569
COUNTY REGISTRAR.

A True Copy
Filed Apr 17 1920 — B. G. Fox, COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.