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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 120
Co. Registrar's No. 254
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 Francisco Cardona
If child is not named, make Supplemental Report on blank obtainable from local registrar.
Born Alive: YES ~~NO~~

Sex of Child: Male | ~~Twin, Triplet~~ or other: | and | Number in order of birth: 5 | Legitimate? yes | Date of Birth: May (Month) 5 (Day) 1920 (Yr.)

FATHER
Full Name: Roman Cardona
Residence: Miami, Ariz. Box 100
Color or Race: Mex
Age at last Birthday: 31 Years
Birthplace: Durango - Mex
Occupation: Miner

MOTHER
Full Maiden Name: Fernanda Luna
Residence: Miami, Arizona, Box 100
Color or Race: Mex
Age at last Birthday: 28 Years
Birthplace: Durango - Mex
Occupation: Housewife

Number of child of this Mother: 5 | 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 May 5, 1920, at 7 A. M.

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

Signature: Cyril M. Crow M.D.
Attending physician, midwife, householder.*

Address: Miami, Arizona

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

Filed 5/15/1920 — T. H. Slaughter, LOCAL REGISTRAR.

631-505-631
COUNTY REGISTRAR.

A True Copy
Filed 6-2 1920 — [illegible], COUNTY REGISTRAR.

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