

25 15

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 123  
Co. Registrar No. 467  
Local Registrar No. \_\_\_\_\_

or  
City of Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Isidro Romero } If child is not yet named, make supplemental report, as directed

3. Sex of child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other 5th 5. No., in order of birth. 6. Legitimate? Yes 7. Date of birth 10-1-22 (Month, day, year)

8. Full name of FATHER Isidro Romero

14. Full maiden name of MOTHER Concepcion Loueli

9. Residence (Usual place of abode) If nonresident, give place and State Miami-Ariz

15. Residence (Usual place of abode) If nonresident, give place and State Miami

10. Color or race Mex 11. Age at last birthday 34 (Years)

16. Color or race Mex 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) (State or country) Mexico

18. Birthplace (city or place) (State or country) Mexico

13. Occupation Mixer  
Nature of Industry \_\_\_\_\_

19. Occupation H.W.  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living two (b) Born alive but now dead three (c) Stillborn \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature E. J. Tabarez M.D. (Physician or midwife)

Address Miami - Ariz

Given name added from a supplemental report \_\_\_\_\_ (Month, day, year)

Filed 10/3, 1922 P. M. H. J. Local Registrar.

396-1001-339  
Registrar.

Filed 11/6, 1922 B. G. J. A. County Registrar.

the number of each, in order of birth, stated: