1663

WHITE PLAINLY WITH [illegible] THIS IS A P[illegible] RECORD

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.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of ..... No. ..... St. ..... Ward)

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121

Co. Registrar No. 24

Local Registrar No. .....

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

3. Sex of child Female | To be answered ONLY in event of plural births. } 4. ~~Twin, triplet or~~ other ..... 5. No., in order of birth 4

6. Legitimate? Yes

7. Date of birth Jan. 6 1923 (Month, day, year)

FATHER	MOTHER
8. Full name Jose Moreno	14. Full maiden name Urbena Monteleon
9. Residence (Usual place of abode) Miami, Ariz. If nonresident, give place and State	15. Residence (Usual place of abode) Miami - Ariz. If nonresident, give place and State
10. Color or race Mex. , 11. Age at last birthday 30 (Years)	16. Color or race Mex 17. Age at last birthday 20 (Years)
12. Birthplace (city or place) Jalisco (State or country) Mexico	18. Birthplace (city or place) Morenci (State or country) Arizona
13. Occupation Nature of industry Timberman	19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 4 P. 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 C. M. Cron M.D.
(Physician or midwife)

Address Miami, Arizona

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

Filed Jan 31, 1923 Charles E. Irvin Local Registrar.

146-106-545 Registrar.

Filed 2/8/, 1923 B. G. Fox County Registrar.