

PLACE OF BIRTH

1. County of Maricopa  
 District of \_\_\_\_\_  
 Town of Miami  
 or  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158  
 Co. Registrar No. 187  
 Local Registrar No. \_\_\_\_\_

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

3. Sex of child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth 3 6. Legitimate? yes 7. Date of birth March 19 - 1923 (Month, day, year)

FATHER		MOTHER	
8. Full name	<u>Ausencio Cano</u>	14. Full maiden name	<u>Marta Gonzalez</u>
9. Residence (Usual place of abode) If nonresident, give place and State	<u>Miami - Ariz.</u>	15. Residence (Usual place of abode) If nonresident, give place and State	<u>Miami - Ariz.</u>
10. Color or race	<u>Mex</u>	16. Color or race	<u>Mex</u>
11. Age at last birthday	<u>26</u> (Years)	17. Age at last birthday	<u>22</u> (Years)
12. Birthplace (city or place) (State or country)	<u>Chihuahua Mex -</u>	18. Birthplace (city or place) (State or country)	<u>Winnipeg Mex</u>
13. Occupation Nature of industry	<u>Machine man</u>	19. Occupation Nature of industry	<u>Housewife</u>
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) <u>3</u>		(a) Born alive and now living <u>3</u> (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 2 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. Crow M.D. (Physician or midwife)  
 Address Miami - Ariz.

Given name added from a supplemental report \_\_\_\_\_ (Month, day, year)  
 Filed Mar 31, 1923 C. E. Twin Local Registrar.  
 Filed 4-5, 1923 B. S. J. at County Registrar.

Registrar.

136-319-479