

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158  
County Registrar No. 340  
Local Registrar No. \_\_\_\_\_

2. Full name of child Maria Moreno  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
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 \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth Aug-14-1923  
Month day year

8. FATHER  
Full name Francisco Moreno  
9. Residence (Usual place of abode) Miami, Fla  
If nonresident, give place and state  
10. Color or race Mexican  
11. Age at last birthday 25 (Years)  
12. Birthplace (city or place) Jalos  
(State or country) Mexico  
13. Occupation miner  
Nature of industry

14. MOTHER  
Full maiden name Maria Santa Cruz  
15. Residence (Usual place of abode) Miami, Fla  
If nonresident, give place and state  
16. Color or race Mexican  
17. Age at last birthday 20 (Years)  
18. Birthplace (city or place) Jalos  
(State or country) Mexico  
19. Occupation Housewife  
Nature of industry

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 None  
(b) Born alive but now dead None  
(c) Stillborn None  
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ (Born alive or stillborn) at 4 P. m. on the date above stated.

\*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 evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_  
Signature P. J. Jotef m.d.  
Address Miami, Fla  
Filed Aug 31, 1923 C. E. Jofu Local Registrar.  
Filed 9-5, 1922 B. J. Jofu County Registrar.

446-814-429