

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

1. County of Hila
District of _____
Town of Miami

State Index No. 127
County Registrar No. 397
Local Registrar No. _____

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

2. Full name of child Clemente Armenta 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 8 6. Legitimate? yes 7. Date of birth Sept. 11-1923 Month Sept day 11 year 1923

8. FATHER Full name Manuel Armenta

14. MOTHER Full maiden name Pablo Juarez

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

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10. Color or race Mex

16. Color or race Mex

11. Age at last birthday 36 (Years)

17. Age at last birthday 29 (Years)

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

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

13. Occupation Nature of industry miner

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 8 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against thalms, neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was born at 7 A. m. on the date above stated. (Born alive or stillborn.)

Signature C. M. Cron M.D. (Physician or midwife)

Address Miami-Ariz

Filed Sept 30 1923 P. E. J. Registrar. Filed Oct 3 1923 B. G. J. County Registrar.

Registrar. 311-911-719

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT 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.