

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Yuma District of _____
Town of Miami or _____
City of _____ No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Ignacio Pinone (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 2 6. Legitimate? yes 7. Date of birth Feb. 1 - 1924 Month Day Year

8. FATHER Full name <u>Tiophila Pinone</u>	14. MOTHER Full maiden name <u>Rosalina Nada</u>
9. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state
10. Color or race <u>Mex</u>	16. Color or race <u>Mex</u>
11. Age at last birthday <u>33</u> (Years)	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Chihuahua Mex</u> (State or country)	18. Birthplace (city or place) <u>Chihuahua Mex</u> (State or country)
13. Occupation Nature of industry <u>Miner</u>	19. Occupation Nature of industry <u>Housewife</u>

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 1
(b) Born alive but now dead _____
(c) Stillborn _____

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 (Born alive or stillborn.) at 7 A. 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 evidence of life after birth.

Signature Byrd M. Crow (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year _____
Registrar _____

Filed Feb 31, 1924 _____ Local Registrar.
Filed 4-6, 1924 _____ County Registrar.

in order of birth stated.

975-201-951