

21161

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 177

District of _____

County Registrar No. 996

Town of Miami

Local Registrar No. _____

or _____

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

2. Full name of child Librada 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 5 6. Legitimate? yes 7. Date of birth Dec. 17-1924
Month day year

8. FATHER
Full name Crescencio Moreno

14. MOTHER
Full maiden name Teresa Rivera

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 28 (Years)

16. Color or race Mex. 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Sonora Mex.
(State or country)

18. Birthplace (city or place) Sonora Mex.
(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 3 (b) Born alive but now dead 2 (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 2 1/2 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.

Signature Byril M. Brown M.D. (Physician or midwife)

Address Miami, Arizona

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

Filed Dec 31, 1924

Filed 1-5-25

Registrar.

Local Registrar. [Signature]
County Registrar.

346-1217-391