

PLACE OF BIRTH

1. County of Mala
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 208
 County Registrar No. 63
 Local Registrar No. 21

No. 108 Red Springs St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Romona Romero (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 4 6. Legitimate? yes 7. Date of birth Jan 20-1925
 Month Day Year

8. FATHER
 Full name Jose Romero
 9. Residence (Usual place of abode) Miami Ariz
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Maria De La Cruz
 15. Residence (Usual place of abode) Miami Ariz
 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 22 (Years)

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

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

18. Birthplace (city or place) Chihuahua 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 4 (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 at 6:15 A. 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 Byrle M. Brown M.D. (Physician or midwife).
 Address Miami, Ariz.

Given name added from a supplemental report. File Jan 20 1925 Nelson D. Brayton Local Registrar.

Month, day, year. Filed 2/19 1925 S. E. Wightman County Registrar.

996-120-449

WRITE MAINLY 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.