2

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of ____ No. ____ St. ____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 173

County Registrar No.

Local Registrar No.

2. Full name of child Romana Acosta

(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 3

6. Legitimate? yes

7. Date of birth Mch. 20 - 1925. (Month Day Year)

FATHER

8. Full name Francisco Acosta

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Ariz.

10. Color or race Mex.

11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Durango,

(State or country) Mex.

13. Occupation

Nature of Industry Clerk

MOTHER

14. Full maiden name Theresa Lugo

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona.

16. Color or race Mex.

17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Chihuahua.

(State or country) Mex.

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 2

(b) Born alive but now dead 1

(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 8 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 Cyril M. Brown M.D. (Physician or ~~midwife~~).

Address Miami, Ariz.

Given name added from a supplemental report ____ Month, day, year

Filed April 5, 1925 Nelson D. Brayton Local Registrar.

Registrar

Filed ____, 19____ County Registrar.

911 - 320 - 936