

## PLACE OF BIRTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ No. \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 207  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 35

2. Full name of child Roberto Cano (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 { 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 5 6. Legitimate? yes 7. Date of birth Apr. 30-1925  
 Month Day Year

8. FATHER  
 Full name Ancencio Cano  
 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 29 (Years)

14. MOTHER  
 Full maiden name Marta Gonzalez  
 15. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Ariz.  
 16. Color or race Mex.  
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Parral  
 (State or country) Mex.  
 13. Occupation  
 Nature of Industry miner

18. Birthplace (city or place) Durango  
 (State or country) Mex.  
 19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother (a) Born alive and now living 5  
 (Taken as of time of birth of child herein certified and including this child.) (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 3<sup>30</sup> P. 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 Byril M. Cron M.D.  
 Address Miami, Ariz. (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year Filed May 7, 1925 B. E. Davis  
 Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

936-430-479