WRITE PLAINLY 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164

County Registrar No.

Local Registrar No. 45

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Miami Ariz No. 808 Live Oak St. Ward

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

2. Full name of child Francisco Romero (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: Boy

To be answered ONLY in event of plural births. 4. Twin, triplet or other 1 5. No., in order of birth

6. Legitimate: Yes

7. Date of birth: May (Month) 4 (day) 1923 (year)

FATHER

8. Full name: L Romero

9. Residence (Usual place of abode): Miami Arizona

If nonresident, give place and state 808 Live St

10. Color or race: Mexican

11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Grinsland Arizona (State or country)

13. Occupation: Truck Driver

Nature of industry

MOTHER

14. Full maiden name: Esperanza Romero

15. Residence (Usual place of abode)

If nonresident, give place and state Same

16. Color or race: Mexican

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Mexico City (State or country)

19. Occupation: Housewife

Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 3
(a) Born alive and now living 3
(b) Born alive but now dead 0
(c) Stillborn 0

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 alive (Born alive or stillborn.) at 4:20 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 evidences of life after birth.

Signature Wilfina R Domingues (Physician or midwife)

Address 808 Live Oak St

Given name added from a supplemental report May 9 1923 (Month, day, year.) Filed May 11, 1923 C. E. Irwin Local Registrar.

Registrar.

Filed ..... 19.... County Registrar.

696-504-596