

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 103
Registered No. 259

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 371 Siles St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Guillermo Cano { 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 _____ 6. Legitimate? yes 7. Date of birth Sept. 10-1925
Month Day Year

8. FATHER
Full name Manuel Cano

14. MOTHER
Full maiden name Pietra Pina

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 26 (Years)

16. Color or race Mex. 17. Age at last birthday 23 (Years)

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

18. Birthplace (city or place) Tucson, Arizona
(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 8 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 Cyril M. Brown, M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____
Address Miami, Arizona

Month, day, year 736-910-771
Filed Sept 16 1925 Registrar C. E. Jmie

REPRODUCED FROM THE ORIGINAL RECORDS OF THE ARIZONA STATE BOARD OF HEALTH

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.