

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Wilcox

District of _____

Town of Miami

or _____

City of Miami Arizona

BUREAU OF VITAL STATISTICS

State Index No. 150

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 344

Local Registrar No. _____

2. Full name of child Francisco MonteNo. #1106 Coffee Canyon
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Ward _____

(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 _____

6. Legitimate? yes7. Date of birth Nov. 9 - 25
Month Day Year

5. No., in order of birth _____

FATHER

8. Full name Harmon Monte9. Residence (Usual place of abode) #1106 Coffee Canyon

If non-resident, give place and state.

10. Color or race Mexican11. Age at last birthday 29 (Years)12. Birthplace (city or place) Morenci Arizona
(State or country)13. Occupation Miner
Nature of Industry

MOTHER

14. Full maiden name Soledad Pearson15. Residence (Usual place of abode) #1106 Coffee Canyon

If non-resident, give place and state.

16. Color or race Mex17. Age at last birthday 23 (Years)18. Birthplace (city or place) Chihuahua Mexico
(State or country)19. Occupation House Wife
Nature of Industry

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 3(b) Born alive but now dead None

(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 alive at 7:00 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 Dora Cortez

(Physician or midwife)

Address 20 Sullinger St.

Given name added from supplemental report

Filed Nov 17, 19

Local Registrar.

Month, day, year

Registrar _____

19 _____

County Registrar.

Registrar

6119-1108-295