

PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Mila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Miami  
City of \_\_\_\_\_BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 172County Registrar No. 589

Local Registrar No. \_\_\_\_\_

2. Full name of child Marcos Hermenia Haro  
No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
St. \_\_\_\_\_ Ward \_\_\_\_\_  
{ 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 \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth April 26, 1956  
Month Day Year8. FATHER  
Full name Miguel Haro9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Cuba10. Color or race Mexican 11. Age at last birthday 30 (Years)12. Birthplace (city or place) Chihuahua  
(State or country) Mexico13. Occupation Miner  
Nature of industry Copper14. MOTHER  
Full maiden name Carmen Ruiz15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Cuba16. Color or race Mexican 17. Age at last birthday 21 (Years)18. Birthplace (city or place) Sauca  
(State or country) Mexico19. 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 0  
(c) Stillborn 221. 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 Boa at 10 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 Charles E. Trim (Physician or midwife)Address MiamiGiven name added from a supplemental report  
Month, day, yearFiled April 28, 1956 C. E. Trim Local Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

Registrar

486-426-399