

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.

V

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 173
 County Registrar No. 719
 Local Registrar No. _____

No. 133 Church Hill St., _____ Ward
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carmen Munoz { 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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth July 29, 1926
 Month Day Year

FATHER
 Full name Guillermo Munoz
 Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. _____
 10. Color or race Mex.
 11. Age at last birthday 35 (Years)
 12. Birthplace (city or place) Sinaloa, Mex.
 (State or country) _____
 13. Occupation Miner
 Nature of industry _____

MOTHER
 Full maiden name Adela Gonzalez
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. _____
 16. Color or race Mex.
 17. Age at last birthday 28 (Years)
 18. Birthplace (city or place) San Jose, Lower Calif.
 (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.)
 (a) Born alive and now living 3
 (b) Born alive but now dead 4
 (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 11 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.
 Address Miami, Arizona
 (Physician or midwife)

Given name added from a supplemental report _____ Filed Aug. 3, 1926 _____
 Month, day, year _____ Local Registrar _____
 Registrar _____ Filed _____, 19 _____ County Registrar _____

349-789-179