

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. 132

County Registrar No. 868

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

No. 3220 Turkey Shoot St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cruz Seavano { 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. 14, 1926  
Month Day Year

8. FATHER Full name Jose Seavano

9. 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) Jalisco, Mex.  
(State or country)

13. Occupation Nature of industry Miner

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 6  
(c) Stillborn \_\_\_\_\_

14. MOTHER Full maiden name Maria Refugio Munoz

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 35 (Years)

18. Birthplace (city or place) Jalisco, Mex.  
(State or country)

19. Occupation Nature of industry Housewife

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 S.P. m. on the date above stated  
(Born alive or stillborn.)

Signature Cyril M. Brown M.D. (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report. Filed Oct 4, 1926 H. E. Jinn Local Registrar.  
Month, day, year

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

WRITE INKLY WITH UNFADING INK—THIS IS A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

336-914-449