

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

State File No. 145 V
863
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Tarango (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child boy To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth other 1926
Month _____ Day _____ Year _____

8. **FATHER**
Full name Domingo Tarango
9. Residence grover canyon
(Usual place of abode)
If non-resident, give place and state.

14. **MOTHER**
Full maiden name Panfila Ramirez
15. Residence grover
(Usual place of abode)
If non-resident, give place and state. canyon

10. Color or race Mexican 11. Age at last birthday 35 (Years)

16. Color or race Mexican 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Santa Cruz de rosales chihuahua Mexico
(State or country)

18. Birthplace (city or place) Nogales Sonora
(State or country) Mexico

13. Occupation railroad track
Nature of industry

19. Occupation none
Nature of industry

20. Number of children of this mother 6 (a) Born alive and now living 6
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 2 21. Were precautions taken against ophthalmia neonatorum?
(c) Stillborn _____ yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 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 Guana de martinez
Claypool Arizona
(Physician or midwife.)

Given name added from a supplemental report _____ Address _____
Month, day, year _____ Filed Oct 12 26 C. E. Drury
Registrar Registrar

136-1007-799

more than one child at birth - order of birth stated.