

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

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

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

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169

County Registrar No. 885

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

No. 711 B. 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 Maria Moreno { 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 Oct. 16, 1926  
Month Day Year

8. FATHER Full name Crencencio Moreno

14. MOTHER Full maiden name Jerusa Rivera

9. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.

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If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 30 (Years)

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

12. Birthplace (city or place) Sonora Mex  
(State or country)

18. Birthplace (city or place) Sonora Mex.  
(State or country)

13. Occupation Machine man  
Nature of industry Mining

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 4  
(b) Born alive but now dead 2  
(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 10:30 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 Loyil M. Brown M.D. (Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_ Filed Nov 4 1926 L. E. Jara Local Registrar.  
Month, day, year

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

446-106-391