V

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 208
County Registrar No. 919
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of
Town of Miami
or
City of No. 1123 Line Oak St. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alphonso Munoz { 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 Oct. 30, 1926 (Month Day Year)

8. FATHER
Full name Agripino Munoz
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Chihuahua
(State or country) Mex.
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Guadaloupe Bonilla
15 Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16 Color or race Mex.
17. Age at last birthday 23 (Years)
18. Birthplace (city or place) Metcalf
(State or country) Arizona
19. Occupation
Nature of industry Housewife

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 2
(b) Born alive but now dead
(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 (Born alive or stillborn) at 2 A m. on the date above stated

*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. Crow M.D. (Physician or ~~midwife~~).
Address Miami, Arizona.

Given name added from a supplemental report Month, day, year Filed Nov 23, 1926 C. E. Irvin Local Registrar.

Registrar Filed , 19 County Registrar.

149-1030-221

MARGIN RESERVED

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.