CERTIFICATE AMENDED
SEE NOTATION

Item 2 - Corr. by Affidavit of registrant and Marriage Record (4-29-69 bms)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 120
County Registrar No. 963
Local Registrar No.

PLACE OF BIRTH

1. County of Gila
District of
Town of Miami
or
City of No. 67 Mex. Canon. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child ~~Catarina~~ Maria Guerrerro { 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 Nov. 2, 1926. (Month Day Year)

8. FATHER
Full name Nasario Guerrerro

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) Jalisco
(State or country) Mex.

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Edwarda Jiminez

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 24 (Years)

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

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 3
(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 4 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 Jan 7, 1927 C. E. Twin
Local Registrar.

Registrar

Filed , 19
County Registrar.

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.

476-1102-519