

WRITE IN INK ONLY. 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Kila

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 177

District of _____

Town of Miami

County Registrar No. 989

or _____

Local Registrar No. _____

City of _____ No. 1 Warrior Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francisco Cota { 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 _____ 6. Legitimate? yes 7. Date of birth Dec. 22, 1926
Month Day Year

8. FATHER

Full name Serapio S. Cota

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 38 (Years)

12. Birthplace (city or place) Sinaloa

(State or country) Mex

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 _____
(c) Stillborn _____

14. MOTHER

Full maiden name Carmen Corales

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) Sonora

(State or country) Mex

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 12:45 a. 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 _____ Filled Jan 7, 1927 R. E. J... Local Registrar.
Month, day, year

Registrar _____ Filled _____, 19____ County Registrar.

631-1222-339