

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 116

Registered No. 119

1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 3118 Turkey Shoot St., \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital of institution, give its NAME instead of street and number)

2. Full name of child Manuela Cardenas { 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 Jan. 10-1928 Month Day Year

8. FATHER  
Full name Lucio Cardenas  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 33 (Years)  
12. Birthplace (city or place) Jalisco Mex  
(State or country)  
13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Guadalupe Gomez  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 29 (Years)  
18. Birthplace (city or place) Jalisco Mex  
(State or country)  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother \_\_\_\_\_ } (a) Born alive and now living 2  
(Taken as of time of birth of child herein certified and including this child.) } (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 alive at 5:30 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 Byril M. Lerou M.D.  
Physician  
(Physician or midwife)

Name added from \_\_\_\_\_  
Month, day, year 2-11-29  
Registrar

Address Miami, Arizona  
Filed Jan 20, 1928 Registrar