

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 196  
87  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Yila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 729 Lincoln St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cesaria Mansano (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 \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth Feb 25 1928  
Month Day Year

8. FATHER  
Full name Francisco Mansano

14. MOTHER  
Full maiden name Sofia Muscra

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 Mexican  
11. Age at last birthday 25 (Years)

16. Color or race Mexican  
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Mexico  
(State or country)

18. Birthplace (city or place) Mexico  
(State or country)

13. Occupation Miner  
Nature of industry Copper

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 2 } (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 0  
(c) Stillborn 0 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 alive at 6:30 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 [Signature]  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_ Filed Mar 5 28 19 20 Registrar [Signature]

346-225-241