

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 160
Registered No. 161

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 716 Church Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel Noriega { 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
5. No., in order of birth _____ 7. Date of birth Apr. 26 - 1928
Month Day Year

8. FATHER
Full name Manuel Noriega

14. MOTHER
Full maiden name Inocente Moralez

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex.
11. Age at last birthday 24 (Years)

16. Color or race Mex.
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Sonora
(State or country) Mex.

18. Birthplace (city or place) Sonora
(State or country) Mex.

13. Occupation
Nature of industry miner

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 alive at 5:25 P. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown M.D.
Physician
(Physician or midwife)

Given name added from _____ Address Miami, Arizona
a supplemental report. Month, day, year

Filed Apr 30 1928 Registrar. R. E. Davis

451-426-949