ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 191

Registered No. 270

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 95 Red Springs Canon St. ..... Ward

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

2. Full name of child Aurora Breceno { 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 June 26 - 1928. Month Day Year

8. FATHER

Full name Louis Breceno

9. Residence (Usual place of abode) Miami, Arizona.

If non-resident, give place and state.

10. Color or race Mex. | 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Jalisco

(State or country) Mex

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Margarita Guzeman

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 33 (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 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 10 40 P. 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 Cyril M. Crow M.D.

Physician

(Physician or ~~midwife~~).

Given name added from a supplemental report ..... Month, day, year

Address Miami, Arizona

Filed June 30, 1928 C. E. Trim

Registrar. Registrar.

126-626-475

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.