

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

State File No. ¹⁶⁵ 328
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 726 Live Oak (Rer) St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mana Quintano
(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 July 21 1928
Month Day Year

8. FATHER
Full name Francisco Quintano

14. MOTHER
Full maiden name Francisca Rodriguez

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

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

10. Color or race Mexican
11. Age at last birthday 38 (Years)

16. Color or race Mexican
17. Age at last birthday 27 (Years)

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

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

13. Occupation Miner
Nature of industry Copper

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child). } (a) Born alive and now living 3
(b) Born alive but now dead 1
(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 7 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 [Signature]
(Physician or midwife)

Given name added from a supplemental report _____
Address Miami, Ariz
Filed July 26 28 19 28 [Signature]
Registrar. Registrar.

186-721-699

made for each, and number of...
at a date, a separate RETURN in...
order of birth stated.