

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

State File No. 116
 Registered No. 392

PLACE OF BIRTH
 County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 106 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 Alfredo Corona (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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Sept. 4, 1928
 Month Day Year

8. FATHER
 Full name Jose Maria Corona
 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 34 (Years)
 12. Birthplace (city or place) Jalisco, Mex.
 (State or country)
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Mercedes Peña
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 16. Color or race Mex.
 17. Age at last birthday 22 (Years)
 18. Birthplace (city or place) Jalisco, Mex.
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 3
 (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 _____
 (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 5:40 A. 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

Month, day, year _____ Filed Sept 12, 28 Registrar C. E. Irons

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N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made in order of birth stated.