

If 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.

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

State File No. 133
Registered No. 400

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3023 Turkey Shoot St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Nicolasi Romo (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 Sept. 10-1928
Month Day Year

8. FATHER
Full name Cenon Romo
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 34 (Years)
12. Birthplace (city or place) Jalisco
(State or country) Mex.
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Victoria Avila
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 25 (Years)
18. Birthplace (city or place) Jalisco
(State or country) Mex.
19. Occupation
Nature of industry Housewife

20. Number of children of this mother 4 } (a) Born alive and now living 4
(Taken as of time of birth of child herein certified and including this child). } (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 9:30 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 Cyril M. Keron M.D.
Physician (Physician or midwife)
Given name added from _____ Address Miami, Arizona
a supplemental report _____ Month, day, year Sept 20, 28
Registrar. H. E. J. J. J. Registrar.

576-910-511