

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 154
443

Registered No. _____

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township _____

or Village _____

City Miami

No. 3334

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 Francisco Magano

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other.....

6. Legitimate?

7. Date

of birth

Month Day Year

Male

5. No., in order of birth.....

yes

Sept. 17-1928.

8.

FATHER

Full name

Jose Magano

14.

MOTHER

Full maiden name

Maria Viagas

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami, Arizona.

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami, Arizona.

10. Color or race

Mex.

11. Age at last birthday 24 (Years)

16. Color or race

Mex

17. Age at last birthday 18 (Years)

12. Birthplace (city or place)

(State or country)

Jalisco Mex.

18. Birthplace (city or place)

(State or country)

Zacatecas 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.....

(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 3:30 4 m. on the date above stated.

(Born alive or stillborn)

Signature

Lyril M. Brown M.D.

Physician

(Physician or midwife)

Given name added from

a supplemental report.

Address

Miami, Arizona

Month, day, year

Filed

Nov 3, 1928

Registrar.

Registrar.

case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of order of birth stated.

646-917-452