

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.

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

State File No. 175  
416  
Registered No. 175

1. PLACE OF BIRTH

County Kila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 45 Live Oak Canon St., \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cosme Montoya  
(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. 27-1928  
Month Day Year

8. FATHER  
Full name Ancil Montoya

14. MOTHER  
Full maiden name Amada Perez

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

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If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 28 (Years)

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

12. Birthplace (city or place) Jalisco  
(State or country) Mex

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(State or country) Mex

13. Occupation  
Nature of industry Miner

19. Occupation  
Nature of industry Housewife

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 \_\_\_\_\_

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 P. m. on the date above stated.  
(Born alive or stillborn)

Signature Cyril M. Brown M.D.  
Physician

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
(Physician or midwife).

Month, day, year \_\_\_\_\_ Filed Sept 30 28 C. E. Davis  
Registrar. Registrar.

341-927-179