ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 201

Registered No. 466

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Miami No. 718 Pine Oak St St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Miguel Semental (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: Oct. 29 1928 (Month Day Year)

FATHER

8. Full name: Sisto Semental

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: 32 (Years)

12. Birthplace (city or place): Zacatecas (State or country): Mex.

13. Occupation: Miner

Nature of industry:

MOTHER

14. Full maiden name: Refugia Gonzalez

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: 27 (Years)

18. Birthplace (city or place): Zacatecas (State or country): Mex.

19. Occupation: Housewife

Nature of industry:

20. Number of children of this mother: 6 (Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living: 5

(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 (Born alive or stillborn) at 4 15 A. m. on the date above stated.

* 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. Cron M. D. Physician (Physician or ~~midwife~~).

Address: Miami, Arizona

Given name added from a supplemental report: Month, day, year

Registrar.

Filed: Nov 3, 1928 C. E. [illegible] Registrar.

423-1029-979

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