

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

State File No. 181
 Registered No. 519

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 1137 Sullivan St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sarah Montañs
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 _____ }
 5. No., in order of birth _____ }
 6. Legitimate? yes
 7. Date of birth Nov-19-1928
 Month Day Year

8. FATHER
 Full name Jesus B. Montañs

14. MOTHER
 Full maiden name Fidela Barega

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

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

10. Color or race Mex.
 11. Age at last birthday 29 (Years)

16. Color or race Mex.
 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Tuxpan, Nayarit
 (State or country) Mex.

18. Birthplace (city or place) Chihuahua
 (State or country) Mex.

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 2
 (Taken as of time of birth of child herein certified and including this child). }
 (a) Born alive and now living 2
 (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 2 P. m. on the date above stated.
(Born alive or stillborn)

Signature Byris M. Brown M.D.

 Physician
(Physician or midwife).

Given name added from a supplemental report _____
 Address Miami, Arizona
 Month, day, year _____

Filed Jan 2 1929 E. E. Jann
 Registrar. Registrar.

246-1119-621