

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

State File No. 205  
523  
Registered No. \_\_\_\_\_

PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 3123 Turkey Shoat St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Ernesto Montenez If child is not yet named, make supplemental report, as directed.

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 Nov. 28 - 1928  
Month Day Year

**FATHER**  
Full name Jesua Montenez  
Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
Color or race Mex.  
11. Age at last birthday 26 (Years)  
Birthplace (city or place) Chihuahua  
(State or country) Mex.  
Occupation Miner  
Nature of industry \_\_\_\_\_

**MOTHER**  
Full maiden name Felecita Velasquez  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. Arizona  
16. Color or race Mex  
17. Age at last birthday 23 (Years)  
18. Birthplace (city or place) Agua Calientes,  
(State or country) Mex.  
19. Occupation Housewife  
Nature of industry \_\_\_\_\_

Number of children of this mother 4 } (a) Born alive and now living 4  
} (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 8:30 A. m. on the date above stated.  
(Born alive or stillborn)

Signature Cyril M. Cron M.D.  
Physician  
(Physician or midwife).

Address Miami, Arizona

Month, day, year \_\_\_\_\_  
Registrar. L. E. Jones Registrar.

Filed Jan 2 1929  
549-1128-659