

SUPPLEMENT ATTACHED

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

State File No. 177
Registered No. 560

1. PLACE OF BIRTH

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

2. Full name of child _____

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. _____ 6. Legitimate? yes
5. No. in order of birth. _____ 7. Date of birth Dec. 26-1928.
Month Day Year

8. FATHER
Full name Ricardo Morales
9. Residence (Usual place of abode) Claypool, Arizona.
If non-resident, give place and state _____
10. Color or race Mex.
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) Chihuahua
(State or country) Mex.
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Elvira Romero
15. Residence (Usual place of abode) Claypool, Ariz.
If non-resident, give place and state _____
16. Color or race Mex.
17. Age at last birthday 22 (Years)
18. Birthplace (city or state) Sonora
(State or country) Mex.
19. Occupation
Nature of industry Housewife

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 4
(b) Born alive but now dead 0
(c) Stillborn 0
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 1:05 A. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Brown, M.D.
Physician (Physician or midwife)

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

Month, day, year _____ Filed Jan 10 1929 Registrar J. C. Dunn

949-1226-596