

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

State File No. 172
 Registered No. 120

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 45 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Josephina Pomo { 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 _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Mar. 14-1929
Month Day Year

8. FATHER
 Full name Jose Pomo
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 33 (Years)
 12. Birthplace (city or place) Zacatecas Mex.
 (State or country)
 13. Occupation
 Nature of industry Smelter man

14. MOTHER
 Full maiden name Pietra Moreno
 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 _____ (Years)
 18. Birthplace (city or place) Jalisco Mex.
 (State or country)
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 5 (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 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 10:30 m. on the date above stated.
(Born alive or stillborn.)
 Signature Beryl M. Brown
Physician
(Physician or midwife)
 Given name added from a supplemental report _____ Address Miami, Arizona
 Month, day, year _____ Filled March 18, 1929
 Registrar C. E. Dinn
 Registrar

196-314-746

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