

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

State File No. 174

Local Registrar's No. 26

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Rayden No. _____ St. _____ W. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number. If child is not yet named, in supplemental report, as directed.)

2. Full name of child Romano Muñoz

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Mar 15 1922
 Month Day Year

FATHER
 S Full name Simontio Muñoz

MOTHER
 Full maiden name Alexandra Muñoz

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

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

10. Color or race Mexican 11. Age at last birthday 36 (Years)

16. Color or race Mexican 17. Age at last birthday 23 (Years)

12. Birthplace (State or country) San Juan de los Lagos Jalisco Mex

18. Birthplace (State or country) San Juan de los Lagos Jalisco Mex

13. Occupation Haberes
 Nature of industry

19. Occupation House wife
 Nature of industry

20. Number of children of this mother _____ (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 the infant neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8:00 m. on the date above stated.
(Born alive or stillborn)

Signature Charles B. Hueston M.D.
(Physician or midwife)

*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.

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

Filed Mar 17 1922 5572 Dyer
 Registrar

949 - 215 - 159

WRITE PLAINLY WITH INK. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE REPORT MUST BE MADE IN ORDER OF BIRTH STATED.