# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 185

Registered No. 202

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 3323 Turkey Shoot St., ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alfredo Romero { 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 ..... 5. No., in order of birth ..... | 6. Legitimate? yes | 7. Date of birth April 24-1929 (Month Day Year)

8. FATHER

Full name Bacilio Romero

9. Residence (Usual place of abode) Miami, Arizona.

If non-resident, give place and state.

10. Color or race Mex. | 11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Jalisco (State or country) Mex.

13. Occupation Mechanic

Nature of industry Mining

14. MOTHER

Full maiden name Ester Fernandez

15. Residence (Usual place of abode) Miami. Arizona.

If non-resident, give place and state.

16. Color or race Mex. | 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Zacatecas, (State or country) Mex.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother ..... (Taken as of time of birth of child herein certified and including this child.) 8

(a) Born alive and now living 5

(b) Born alive but now dead 3

(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 (Born alive or ~~stillborn~~.) at 11 30 P. m. on the date above stated.

* 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.

Signature Cyril M. Crow M.D.

Physician (Physician or ~~midwife~~).

Address Miami, Arizona

Given name added from a supplemental report ..... Month, day, year

Filed May 10, 1929 C. E. [illegible] Registrar

..... Registrar

196-424-569

a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.