

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

State File No. 176
Registered No. 300

1. PLACE OF BIRTH

County Pima State Arizona
District or Township _____ or Village _____
City Miami No. 312 Nubsey Street Canyon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mariano Montero (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 X 6. Legitimate? yes
7. Date of birth June 29 1929
Month Day Year

8. FATHER
Full name Luis Montero

14. MOTHER
Full maiden name Veronica Ramirez

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

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

10. Color or race Mex.
11. Age at last birthday 25 (Years)

16. Color or race Mex
17. Age at last birthday 18 (Years)

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

18. Birthplace (city or place) Jalisco
(State or country) Mexico

13. Occupation Miner
Nature of Industry Metal Mining

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 7:40 a.m. on the date above stated.
(Born alive or stillborn.)

* 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 A. A. Lane Physician or midwife

Given name added from a supplemental report _____
Month, day, year _____
Address McD. Hospital, Miami, Arizona

Filed July 12 1929 Registrar _____
446-629-529

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