

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

State File No. 180
 Registered No. 263

1. PLACE OF BIRTH

County DeLa State _____
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____

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

(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Manuel Noriega

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 June 3 1979
 Month Day Year

8. FATHER
 Full name Manuel Noriega
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state.

14. MOTHER
 Full name Immaculada Morales
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 75 (Years)

16. Color or race Mex 17. Age at last birthday 33 (Years)

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

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

13. Occupation Mixer
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 7
 (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 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 or stillborn) at _____ 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 Mrs. M. D. Brantley
Miami
 (Physician or Midwife)

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

Address _____
 Filed June 12, 1979 C. E. J. J.
 Registrar

451-631-942

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