

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

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

State File No. 167  
Registered No. 420

I. PLACE OF BIRTH

County Gila State Ariz  
City or Township Maricopa or Village \_\_\_\_\_  
No. 716 Church Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cruz Romero (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. A 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 8-10-1929  
Month Day Year

8. FATHER  
Full name Onofre Romero

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

10. Color or race Mexican 11. Age at last birthday 35 (Years)

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

13. Occupation miner  
Nature of industry Copper Mining

14. MOTHER  
Full maiden name Aurelia Costello

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

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

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

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 1  
(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 8:10 P 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 L. E. Jones  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address McD. Hospital

Month, day, year \_\_\_\_\_ Filed Sept 12 1929 Registrar C. E. Doring

396-810-136