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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 381

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Miami No. 902 Live Oak St., Ward

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

2. Full name of child Maria Moreno {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 | 5. No., in order of birth | 6. Legitimate? yes | 7. Date of birth Aug 11 1929 (Month Day Year)

8. FATHER

Full name Francisco Moreno

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

If non-resident, give place and state.

10. Color or race Mexican | 11. Age at last birthday 28 (Years)

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

13. Occupation Laborer, Leaching Plant

Nature of industry Copper Mine

14. MOTHER

Full maiden name Pragedes Bejerano

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

If non-resident, give place and state.

16. Color or race Mexican | 17. Age at last birthday 26 (Years)

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

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 6 (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 2

(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 alive (Born alive ~~or stillborn.~~) at 2:15 A.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 F. F. Miller

MD (Physician ~~or midwife~~)

Address Miami, Arizona

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

Registrar

Filed Aug 20, 19 29 [illegible] Registrar

446-811-726

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.