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

State File No. 559
Registered No. 559

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 16 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Trinidad Piñon (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 _____ 6. Legitimate? yes
5. No. in order of birth _____ 7. Date of birth Oct. 12 - 1929
Month Day Year

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

14. MOTHER
Full maiden name Carmen Gonzalez
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona

10. Color or race Mex.
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) Chihuahua Mex.
(State or country)

16. Color or race Mex.
17. Age at last birthday 28 (Years)
18. Birthplace (city or place) Chihuahua Mex.
(State or country)

13. Occupation
Nature of industry Miner

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.)
(a) Born alive and now living 7
(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 stillborn at 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 Cyril M. Brown M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Address Miami, Arizona
Filed Dec 18, 1929 C. E. Davis
Registrar Registrar

375-1012-379