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

State File No. 553
Registered No.

1. PLACE OF BIRTH

County: Gila State: Arizona.

District or Township: or Village: Gen. Del.

City: Miami No.: Frame Ave. St.: Ward

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

2. Full name of child: Cecilia Roberts Quarente { 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: 5. No., in order of birth: | 6. Legitimate? yes | 7. Date of birth: Nov. 22 - 1929 (Month Day Year)

8. FATHER

Full name: Narciso Quarente

9. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona.

10. Color or race: Mex. | 11. Age at last birthday: 24 (Years)

12. Birthplace (city or place): Zacatecas (State or country): Mex.

13. Occupation: Miner

Nature of industry:

14. MOTHER

Full maiden name: Anacleta Bravo

15. Residence (Usual place of abode): Miami.

If non-resident, give place and state: Arizona.

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

18. Birthplace (city or place): Cananea, Son. (State or country): Mex.

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 (Born alive or stillborn.) at 4:50 P.m. on the date above stated.

Signature: Cyril M. Brown M.D.

Physician (Physician or midwife)

Address: Miami, Arizona.

* 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.

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

Registrar

Filed: Dec 9, 1929 C. E. [illegible] Registrar

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