CE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

SUPPLEMENTARY

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 449
Registered No. 153

ounty Gila State ARIZONA

ownship or Village

ty Miami No. 3123 Loomis Avenue St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ll name of child Maria Carmen Montanez { If child is not yet named, make supplemental report, as directed

x ale | If plural births { 4. Twin, triplets, or other 5. Number, in order of birth | 6. Premature Full term + | 7. Is mother married? yes | 8. Date of birth December 17, 1929. (Month, day, year)

FATHER	MOTHER
1 te Filandro Montanez	18. Full maiden name Carmen Valenzuela
idence (usual place of abode) non-resident, give place and State) Miami, Arizona.	19. Residence (usual place of abode) (If non-resident, give place and State) Miami, Arizona.
or or race Mexican 12. Age at last birthday 34 (Years)	20. Color or race Mexican 21. Age at last birthday 23 (Years)
hplace (city or place) Chihuahua, State or Country) Mexico.	22. Birthplace (city or place) Juarez, (State or Country) Mexico.
Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Wood cutter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
Industry or business in which work was done, as silk mill, awmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
Date (month and year) last engaged in this work , 19 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work , 19 26. Total time (years) spent in this work

ber of children of this mother of this birth and including this child) (a) Born alive and now living six (b) Born alive but now dead 0 (c) Stillborn 0

illborn, iod of gestation { months or weeks | 29. Cause of stillbirth { Before labor During labor

49-1217-351

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

ereby certify that I attended the birth of this child, who was born alive at 5 P. m. on the date above stated
(Born alive or stillborn)

there was no attending physician fe, then the father, householder, ld make this return.

(Signed) Cyril M. Cron, M. D.