

2074

CERTIFICATE OF BIRTH
Federal Security Agency
U. S. Public Health Service
National Office of Vital Statistics

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 54
Registrar's No. 96

1. PLACE OF BIRTH: (a) County Gila (b) City or Town Miami (c) Location Miami-Inspiration Hospital
(If outside city limits also write RURAL) (St. and No. (or) Name of Institution)
(d) Length of Mother's Stay Prior to Delivery: In Hospital or Institution 3 Hours In this Community 20 yrs. mos. days
In Arizona 20 yrs. mos. days
2. USUAL RESIDENCE of Mother: (a) State Arizona (b) County Gila (c) City or Town Globe (d) Street No. Euclid Ave.
(If outside city limits also write RURAL)
3. FULL NAME of Child Boy Navarro 4. DATE OF BIRTH March 19, 1948
(If child not named leave space for given name)
5. Sex Male 6. Twin or triplet—If so, born 1st, 2nd or 3d. 7. Number of months of pregnancy 8 Mos.

FATHER OF CHILD

8. Full name Josenh Navarro
9. Race: White Indian Negro Oriental
10. Age at time of this birth 50 years
11. Birthplace San Jose, Mexico
(City, town, or county) (State or foreign country)
12. Occupation Laborer
(Trade, profession or kind of work)
13. Industry or business _____
(General nature and name of)
14. Residence Central Heights
21. Children born to this mother, including this child 8
(a) How many other children of this mother are now living? 6
(b) How many other children were born alive but are dead? 1
(c) How many children were born dead? 1

MOTHER OF CHILD

15. Full maiden name Frances Cano
16. Race: White Indian Negro Oriental
17. Age at time of this birth 37 years
18. Birthplace Silver City, New Mexico
(City, town, or county) (State or foreign country)
19. Occupation Housewife
(Trade, profession or kind of work)
20. Industry or business _____
(General nature and name of)
22. Mother's mailing address for registration notice:
Mrs. Frances Navarro
Box 1036
Globe, Arizona

23. I hereby certify that I attended the birth of this child who was born Dead at the hour of 7:45 p. m. on the date above stated and that the information given was furnished by Mrs. Socorro Cano Attendant's signature [Signature]

24. Date received by local registrar April 13 1948 M. D., midwife, or other [Signature] Date signed 3-23-48
25. Registrar's signature [Signature] Address Arizona

SUPPLEMENTARY DATA BELOW ARE NOT A PART OF THE LEGAL CERTIFICATE

26. (a) Pregnancy complications of Pl 180/120 - diastolic (d) Did baby have any: (1) Congenital malformation? Describe: _____
(b) Labor complications of Shoulder presentation. Contractions ring around after coming head. (2) Birth Injury? yes Describe: Cranial injury done after 45 min in extraction ring.
(c) Was there an operation for delivery yes (e) Was a prophylactic drug used in the baby's eyes? yes
State all operations. Version & extraction with craniotomy. (f) Did mother have a serological test for syphilis? yes