ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165

County Registrar No. 197

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of No. 512 Gibson St St. Ward

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

2. Full name of child Jose Bojorquez — 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: May 15 1927. (Month day year)

FATHER	MOTHER
8. Full name: Adolpho Bojorquez	14. Full maiden name: Roberta Castellon
9. Residence (Usual place of abode): Miami	15. Residence (Usual place of abode): Miami
If nonresident, give place and state: Arizona	If nonresident, give place and state: Arizona
10. Color or race: Mex.	16. Color or race: Mex.
11. Age at last birthday: 24 (Years)	17. Age at last birthday: 24 (Years)
12. Birthplace (city or place): Sonora	18. Birthplace (city or place): Sinaloa
(State or country): Mex	(State or country): Mex
13. Occupation: Miner	19. Occupation: Housewife
Nature of industry:	Nature of industry:

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 2
(b) Born alive but now dead
(c) Stillborn

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 at 8 A. 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 evidences of life after birth.

Signature: Cyril M. Crow M. D. (Physician or midwife)

Address: Miami, Arizona

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

Filed May 25 1927 C. E. Tom Local Registrar.

Registrar.

Filed ..... 19.... County Registrar.

129-515-935

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.