

WRITE MAINLY IN 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 186  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 212

2. Full name of child Santiago Almaras  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 No. 3219 Turkey Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child \_\_\_\_\_  
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 23 1927  
Month day year

5. FATHER  
 Full name Florentino Almaras

14. MOTHER  
 Full maiden name Guacilado Castaneda

9. Residence 3219 Turkey Street  
(Usual place of abode)  
 If nonresident, give place and state \_\_\_\_\_

15. Residence 3219 Turkey Street  
(Usual place of abode)  
 If nonresident, give place and state \_\_\_\_\_

10. Color or race Mexican  
 11. Age at last birthday 31 (Years)

16. Color or race Mexican  
 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Juchitán  
(State or country) Mexico

13. Birthplace (city or place) Sierra Mojada  
(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 4  
 (b) Born alive but now dead 2  
 (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 Alive at 8a m. on the date above stated.  
(Born alive or stillborn)

Signature Rosa Cortez  
(Physician or midwife)

Address 708 Sullivan St.  
 Filed June 1 1927  
 Local Registrar J. G. D...

Month, day, year. \_\_\_\_\_  
 Registrar. \_\_\_\_\_  
 County Registrar. \_\_\_\_\_

312 - 523 - 631