

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of GilaDistrict of MiamiTown of Miami

or

City of

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 11County Registrar No. 301Local Registrar No. 301No. 634 Red Spring St.
(If birth occurred in a hospital or institution, give its NAME instead of street and num.

(If child is not yet named, no supplemental report, as direct

2. Full name of child Enriqueta Cardenas3. Sex of Child Female } To be answered ONLY in event of plural births.
4. Twin, triplet or other no
5. No. in order of birth 1st
6. Legitimate? Yes
7. Date of birth July 15 1928
Month July Day 15 Year 28

FATHER		MOTHER	
Full name <u>Dari Cardenas</u>		Full maiden name <u>Justina Lopez</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If non-resident, give place and state.		If non-resident, give place and state.	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>29</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>28</u>
12. Birthplace (city or place) <u>Salamanca</u>		18. Birthplace (city or place) <u>Ende</u>	
(State or country) <u>Durango</u>		(State or country) <u>Durango</u>	
13. Occupation <u>Miner</u>		19. Occupation <u>house w</u>	
Nature of industry		Nature of industry	

Number of children of this mother taken as of time of birth of child herein (lified and including this child.) <u>4</u>	(a) Born alive and now living <u>4</u>	21. Were precautions taken against oph thalmia neonatorum? <u>Yes</u>
	(b) Born alive but now dead <u>4</u>	
	(c) Stillborn <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was born alive at 5 p.m. on the day of July 20, 1928.
(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 evidence of life after birth.

Signature L. On Castillo (Physician or midwife)
Address 606

Given name added from a supplemental report. Month, day, year 5 32 - 715 - 632 Filed July 20, 1928
Registrar

10-11-28
 ARN must be made in
 in stated.

11-10-28
 11-10-28