

PLACE OF BIRTH **Hilo** SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of Hilo
District of _____
Town of _____
or Miami
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 135
County Registrar No. 599
Local Registrar No. 599

2. Full name of child Nicolasa Molina
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
No. 302 Turkey Street St. _____ Ward _____
} If child is not yet named, make supplemental report, as directed.

3. Sex of Child Girl 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 Sept. 10th 1927
Month _____ day _____ year _____

8. FATHER
Full name Leow Molina
9. Residence 302 Turkey Street
(Usual place of abode)
If nonresident, give place and state _____

11. MOTHER
Full maiden name Austacia Martinez
15. Residence 302 Turkey Street
(Usual place of abode)
If nonresident, give place and state _____

10. Color or race Mexican
11. Age at last birthday 44 (Years)

16. Color or race Mexican
17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Sombrito
(State or country) Zacatecas Mexico

18. Birthplace (city or place) Sombrito
(State or country) Zacatecas Mexico

13. Occupation Making Candy
Nature of industry _____

19. Occupation House wife
Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 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 Alice (Born alive or stillborn.) at 6 a.m. on the date above stated.

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 Roscoe Cortez (Physician or midwife)

Address 708 Sullivan St. S. E. Dora
Filed Sept 15 1927 Local Registrar.

Month, day, year. _____
Registrar. _____ Filed _____ 19 _____ County Registrar.

441-910-549