

CERTIFICATE AMENDED
SEE NOTATION

Items 2, 8 and 14 cov. by off. of reg., (Info. rec'd. and child's baptismal records) (2-17-70 lmt)
ARIZONA STATE BOARD OF HEALTH

208

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 453

1. PLACE OF BIRTH

County Gila State Ariz

District or Township _____ or Village _____

City Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child JUANITA Juanita Simon } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 July 22 1930
Month Day Year

8. CARMEN FATHER
Full name Carmel Simon

14. MOTHER
Full maiden name Antonia Mendez

9. Residence (Usual place of abode) Miami
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami
If non-resident, give place and state.

10. Color or race Mex

11. Age at last birthday 30 (Years)

16. Color or race Mex

17. Age at last birthday 25 (Years)

12. Birthplace (city or place) San Juan Falls
(State or country)

18. Birthplace (city or place) San Juan Falls
(State or country)

13. Occupation Miner
Nature of Industry

19. Occupation House wife
Nature of Industry

20. Number of children of this mother 3 } (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 1
(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 male 4 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 evidence of life after birth.

Signature L. M. Leash
(Physician or midwife.)

Given name added from a supplemental report _____ Address By 1583

Month, day, year _____ Filed July 19 30 L. E. Simon Registrar

135-721-241

each in order of birth stated.