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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 162

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: _____ or Village: _____

City: Miami No. 20 Porto Rico Canyon St. _____ Ward

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

2. Full name of child: Juanita Arizu

{ 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: 0

5. No., in order of birth: _____

6. Legitimate? Yes

7. Date of birth: May 24-1931 (Month Day Year)

8. FATHER

Full name: Pedro Arizu

9. Residence (Usual place of abode): Miami Ariz

If non-resident, give place and state.

10. Color or race: Mexican

11. Age at last birthday: 38 (Years)

12. Birthplace (city or place): Sonora

(State or country): Mexico

13. Occupation: Miner

Nature of Industry: _____

14. MOTHER

Full maiden name: Diega Mascoti

15. Residence (Usual place of abode): Miami Ariz

If non-resident, give place and state.

16. Color or race: Mexican

17. Age at last birthday: 33 (Years)

18. Birthplace (city or place): Jalisco

(State or country): Mex

19. Occupation: N W

Nature of Industry: _____

20. Number of children of this mother: 6

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 6
(b) Born alive but now dead: 0
(c) Stillborn: 0

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 8-40 a.m. on the date above stated.
(Born alive or stillborn.)

Signature: Charles E. Jones M D
(Physician or midwife).

Address: Miami Ariz

Filed: May 31, 1931 C. E. Jones
Registrar

* 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.

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

_____ Registrar

114-534-449