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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 8

Registered No. 484

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. SEPARATE RETURN must be made for each, and the number of each in order of birth stated. more than one child at a birth.

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: No. St. Ward

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

2. Full name of child: Antonio Juarez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child: M

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: 12-14-31 (Month Day Year)

8. FATHER

Full name: Julia Juarez

9. 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)

12. Birthplace (city or place): Mexico

(State or country)

13. Occupation: Miner

Nature of Industry:

14. MOTHER

Full (maiden name): Elecia Duenty

15. Residence (Usual place of abode): Miami

If non-resident, give place and state:

16. Color or race: Mex

17. Age at last birthday: 28 (Years)

18. Birthplace (city or place): Arizona

(State or country)

19. Occupation: None

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: 3

(b) Born alive but now dead: 3

(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 alive (Born alive or stillborn.) at 8 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 evidence of life after birth.

Signature: C. F. Perkins (Physician or midwife).

Address: Miami

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

119-1214-565

Registrar

Filed Jan 5, 1932 Charles E. Jones Registrar