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

State File No. 127
Registered No. 71

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 3004 Turley Shoot St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Baragas { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male | 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 Mch. 17 - 1932. (Month Day Year)

8. FATHER	14. MOTHER
Full name Reyes Baragas	Full maiden name Augustina Gamboa
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona	If non-resident, give place and state. Arizona
10. Color or race Mex.	16. Color or race Mex.
11. Age at last birthday 36 (Years)	17. Age at last birthday 28 (Years)
12. Birthplace (city or place) Michoacan	18. Birthplace (city or place) Jalisco
(State or country) Mex.	(State or country) Mex.
13. Occupation Miner	19. Occupation Housewife
Nature of Industry	Nature of Industry

20. Number of children of this mother ..... (Taken as of time of birth of child herein certified and including this child.) 6
(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 5 P. m. on the date above stated.
(Born alive or ~~stillborn~~.)

Signature Cyril M. Crow M.D.
(Physician or ~~midwife~~).

Address Miami, Arizona.

Filed April 2, 1932 C. E. Osmun
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

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number stated in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

122-317-171