WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 81

Registered No. 147

1. PLACE OF BIRTH

County Gila State Arizona

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

City Miami No. 3019 Turkey Shoot St. ..... Ward

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

2. Full name of child Jesus Sanchez (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 June 4 1932 (Month Day Year)

FATHER	MOTHER
8. Full name Victor Sanchez	14. Full maiden name Maria Colongo
9. Residence (Usual place of abode) Miami. If non-resident, give place and state. Arizona	15. Residence (Usual place of abode) Miami If non-resident, give place and state. Arizona
10. Color or race Mex. 11. Age at last birthday 36 (Years)	16. Color or race Mex 17. Age at last birthday 34 (Years)
12. Birthplace (city or place) Jalisco (State or country) Mex	18. Birthplace (city or place) Jalisco (State or country) Mex.
13. Occupation Nature of industry Mining	19. Occupation Nature of industry Housewife

20. Number of children of this mother ..... (Taken as of time of birth of child herein certified and including this child.) 9 (a) Born alive and now living 6 (b) Born alive but now dead 3 (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 alive (Born alive or stillborn.) at 4 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 Cyril M. Crow M.D. (Physician or midwife).

Address Miami, Arizona.

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

129-604-436 Registrar

Filed June 25 32 C. E. [illegible] Registrar