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

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 64

County Registrar No.

Local Registrar No. 32

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami Ariz

or

City of Box 688 No. Live Oak Canyon Ward

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

2. Full name of child Carme Fernandez

If child is not yet named, make supplemental report, as directed.

3. Sex of Child Girl

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 4 - 6 - 33 (Month Day Year)

8. FATHER

Full name Jesus Fernandez

9. Residence (Usual place of abode) Live Oak Canyon

If non-resident, give place and state Miami Ariz

10. Color or race Mex

11. Age at last birthday 32 (Years)

12. Birthplace (city or place) (State or country) Arizona

13. Occupation Nature of industry Miner

14. MOTHER

Full maiden name Julia Labato

15. Residence (Usual place of abode) Live Oak Canyon

If non-resident, give place and state. Miami Ariz

16. Color or race Mex

17. Age at last birthday 32 (Years)

18. Birthplace (city or place) (State or country) Arizona

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) 4

(a) Born alive and now living Yes

(b) Born alive but now dead

(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 5:17 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 Mrs. J. H. Bryant Midwife (Physician or midwife)

Address 137 Euclid Ave. Globe

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

Filed 5/8, 1933 S. E. Wightman Local Registrar.

Registrar

Filed , 19

County Registrar.

369-406-136