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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Miami No. Depot Hill St. _____ Ward

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

2. Full name of child Norma Tillitra Santa Anna (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child F | 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 (Month) 23 (Day) 33 (Year)

8. FATHER

Full name Joseph M Santa Anna

9. Residence (Usual place of abode) Miami

If non-resident, give place and state.

10. Color or race Mex | 11. Age at last birthday 36 (Years)

12. Birthplace (city or place) New Mexico (State or country)

13. Occupation Nature of Industry Drayman.

14. MOTHER

Full maiden name Carmen Galindo

15. Residence (Usual place of abode) Miami

If non-resident, give place and state.

16. Color or race Mex | 17. Age at last birthday 33 (Years)

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

19. Occupation Nature of Industry H Work

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 _____ (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 alive (Born alive or stillborn.) at 1:30 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).

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

Address Miami

Registrar

Filed 4/26, 1933. C. F. Perkins Registrar

521-423-376

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.