

2530

PLACE OF BIRTH

County of Gila
District of _____
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 125

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 6

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Maria Magdalena Irena } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Female Twin, Triplet or other One } and } Number in order of birth _____ Legitimate? Yes Date of Birth January 5th 1916
(Month) (Day) (Yr.)

FATHER
Full Name Juan Irena
Residence _____
Color or Race Mexican Age at last Birthday 38
(Years)
Birthplace Ajito Durango Mex.
Occupation Laborer

MOTHER
Full Maiden Name Guadalupe Salazar
Residence _____
Color or Race Mexican Age at last Birthday 35
(Years)
Birthplace _____
Occupation Housekeeper

Number of child of this mother... 5 Number of children, of this mother, now living... 5 Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on January 5th 1916, at 6:30 P.M.
{ *When there is no attending physician or midwife, then the householder should make this return.

(Signature) [Signature]
(Attending physician, midwife, householder,*)

Given or christian name added from a supplemental report _____ 1916

Address Miami
John H. Lacy
LOCAL REGISTRAR

Filed Jan 10 1916

Filed Feb 8 1916

A True Copy
[Signature]
COUNTY REGISTRAR

491-105-729
COUNTY REGISTRAR

MIDWIFE WILL SIGN THIS CERTIFICATE