

4699

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH  
 County of Gila  
 District of \_\_\_\_\_  
 City of Miami (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

State Index No. 132  
 Co. Register No. 263  
 Local Registrar's No. \_\_\_\_\_

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

Sex of child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>May 8</u> 191 <u>9</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Jose Delai</u>			Full Maiden Name <u>Maria Ortega</u>		
Residence <u>Miami</u>			Residence <u>Miami</u>		
Color or Race <u>Mexican</u>			Color or Race <u>Mexican</u>		
Age at last Birthday <u>26</u> (Years)			Age at last Birthday <u>21</u> (Years)		
Birthplace <u>Dogood, Arizona</u>			Birthplace <u>Douora, Mexico</u>		
Occupation <u>Miner</u>			Occupation <u>House w/</u>		
Number of child of this mother <u>2</u>	Number of Children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 I hereby certify that I attended the birth of the above child; and that it occurred on May 8, 1919, at 7 A. M.

\*When there is no attending physician or midwife, then the householder should make this return.  
 (Signature) Atel m. S  
 (Attending physician, midwife, householder.\*)  
Miami, Ariz

Given or Christian name added from a Supplemental report \_\_\_\_\_ 191\_\_\_\_\_  
 Address W. B. Brighton  
 LOCAL REGISTRAR  
R. G. Joy  
 COUNTY REGISTRAR.

149-503-1161  
 COUNTY REGISTRAR.

A True Copy  
 Filed June 10 1919