4176

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149

Co. Registrar's No. 174

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____ (No. _____ St; _____ Ward)

FULL NAME OF CHILD Jesus Ochoa

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child: Female | ~~Twin, Triplet~~ or other: and | Number in order of birth: 1st | Legitimate? yes | Date of Birth: March 17 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Roche Ochoa	Full Maiden Name	Magdalena Martinez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	26 Years	Age at last Birthday	19 Years
Birthplace	Pachinwa, Mexico	Birthplace	Clifton, Arizona
Occupation	Miner	Occupation	Housewife

Number of child of this Mother: 1 | Number of Children, of this mother, now living: 1 | Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on March 17, 1921, at 7 20 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

Given or Christian name added from a supplemental report _____ 191__

Filed Mar 31 1921

B. M. Hardy M.D.
LOCAL REGISTRAR.

A True Copy

Filed Nov 6 1921

B. G. Fill
COUNTY REGISTRAR.

_____
COUNTY REGISTRAR.

161-317-449