PLACE OF BIRTH

**ARIZONA STATE BOARD OF HEALTH**

County of Cila

District of

Town of Miami

or

City of

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 97

Co. Registrar No. 462

Local Registrar's No.

(No. St. Ward)

FULL NAME OF CHILD Maria Jesus Cota

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

Born YES

Alive NO

| Sex of Child | Twin, Triplet or other | and | Number in order of birth | Legitimate? | Date of Birth (Month) (Day) (Yr.) |
|---|---|---|---|---|---|
| Female | I | | I | yes | 9-6 21 |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Jacinto Cota | Full Maiden Name | Virginia Castillo |
| Residence | Miami | Residence | Miami |
| Color or Race | Mex | Color or Race | Mex |
| Age at last Birthday (Years) | 40 | Age at last Birthday (Years) | 35 |
| Birthplace | Mex | Birthplace | Mex |
| Occupation | Laborer | Occupation | Housewife |

Number of Child of this mother 5

Number of children of this mother now living 5

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 9-6- 1921, at 8 P M.

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

(Signature) Charles E Irwin M.D.

(Attending physician, midwife, householder.*)

Address Miami

Given or Christian name added from a supplemental report 192

Filed Sept 28 1921 B M Hand M.D.

LOCAL REGISTRAR.

431-906-532

COUNTY REGISTRAR.

Filed Oct 5 1921

A True Copy B. G. Lac

COUNTY REGISTRAR.