

4666

N. B.—In case of more than one child at a birth, a SEPAREATE must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1003  
Co. Registrar No. 158  
Local Registrar No. \_\_\_\_\_

City of \_\_\_\_\_ No. 405 Coffee Canyon St. \_\_\_\_\_ Ward) \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gregorio Barreres } If child is not yet named, make supplemental report, as directed

3. Sex of child male 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 May 12, 1922 (Month, day, year)

**FATHER**  
8. Full name Navar Barreres  
9. Residence (Usual place of abode) Miami, Ariz  
If nonresident, give place and State  
10. Color or race Mexican  
11. Age at last birthday 26 (Years)  
12. Birthplace (city or place) Mexico  
(State or country)  
13. Occupation miner  
Nature of industry

**MOTHER**  
14. Full maiden name Gabina Herrera  
15. Residence (Usual place of abode) Miami, Ariz  
If nonresident, give place and State  
16. Color or race Mexican  
17. Age at last birthday 22 (Years)  
18. Birthplace (city or place) Mexico  
(State or country)  
19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } (a) Born alive and now living 2 (b) Born alive but now dead. 1 (c) Stillborn \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 P. m. on the date above stated.  
(Born alive or stillborn)

\*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 J. J. Miller  
(Physician or midwife)

Address Miami, Ariz

Given name added from a supplemental report 725-512-281  
(Month, day, year)  
Registrar.

Filed May 16 1922 B. J. M. J. Local Registrar.  
Filed 6-3 1922 B. J. M. J. County Registrar.