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

**ARIZONA STATE BOARD OF HEALTH** 100

**BUREAU OF VITAL STATISTICS**

**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH

1. County of Sila  
 District of Stobe  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Stobe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Refugia Macias If child is not yet named, make supplemental report, as directed

3. Sex of child # \_\_\_\_\_ 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 July 4, 1922 (Month, day, year)

FATHER		MOTHER	
8. Full name	<u>Jose Macias</u>	14. Full maiden name	<u>Lupe O. Macias</u>
9. Residence (Usual place of abode) If nonresident, give place and State	<u>Stobe Arizona</u>	15. Residence (Usual place of abode) If nonresident, give place and State	<u>Stobe Arizona</u>
10. Color or race	<u>white</u>	16. Color or race	<u>light color</u>
11. Age at last birthday <u>32</u> (Years)		17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place) (State or country)	<u>Las Lunas New Mex</u>	18. Birthplace (city or place) (State or country)	<u>Chih. Mexico</u>
13. Occupation Nature of Industry	<u>Smelter worker</u>	19. Occupation Nature of Industry	<u>House worker</u>
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 <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was alive at 2:00 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 Violenta Gutierrez (Physician or midwife)  
 Address Stobe Arizona  
 Given name added from a supplemental report July 4, 1922 (Month, day, year)

Filed 7-6, 1922 R. G. Gray Local Registrar.  
 Filed 7-5, 1922 R. G. Gray County Registrar.

Registrar.

942-704-342