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UN must be made for each, and the number of each, in order of birth, stated.

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

PLACE OF BIRTH -
1. County of Pima
District of _____
Town of Miami
or _____
City of _____ No. 714 Smith Pl. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Emily Virginia Molina } If child is not yet named, make supplemental report, as directed

3. Sex of child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth.	6. Legitimate? <u>yes</u>	7. Date of birth <u>July 24, 1922</u> (Month, day, year)
8. FATHER Full name <u>Daniel Molina</u>			14. MOTHER Full maiden name <u>Bertrude Ferreira</u>		
9. Residence (Usual place of abode) <u>Miami, Ariz</u> If nonresident, give place and State			15. Residence (Usual place of abode) <u>Miami, Ariz</u> If nonresident, give place and State		
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>37</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>37</u> (Years)		
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>Mexico</u>			
13. Occupation Nature of Industry <u>Grocery store keeper</u>		19. Occupation Nature of Industry <u>Housewife</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>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:25 a. 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, Arizona

Given name added from a supplemental report _____
(Month, day, year)

541-724-761 Registrar.

Filed July 31, 1922 B. W. Hanks Local Registrar.
Filed 8, 1922 B. G. Gray County Registrar.