925

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1922

Co. Registrar No. 357

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

No. 105 Chisholm Ave St. Ward)

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of child female

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 August 9, 1922 (Month, day, year)

FATHER

8. Full name Apolonio Delgadillo

9. Residence (Usual place of abode) If nonresident, give place and State Miami, Ariz.

10. Color or race Mexican 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Mexico (State or country)

13. Occupation Miner Nature of Industry

MOTHER

14. Full maiden name Jesna Delgadillo

15. Residence (Usual place of abode) If nonresident, give place and State Miami, Ariz.

16. Color or race Mexican 17. Age at last birthday 25 (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 herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 a m. on the date above stated.

*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 [illegible] (Physician or midwife)

Address Miami, Ariz.

Filed Aug 14, 1922 B M Hall Local Registrar.

Filed 9-7, 1922 [illegible] County Registrar.

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

946-809-141

Registrar.