-973

WHITE PLAINLY WITH CONFIDENTIAL 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171

Co. Registrar No. 384

Local Registrar No.

1. County of Gila

District of

Town of

or

City of Miami No. Red Springs Canyon St. Ward)

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

2. Full name of child Jose Ortega — If child is not yet named, make supplemental report, as directed

3. Sex of child M — To be answered ONLY in event of plural births. 4. ~~Twin, triplet~~ or other 5. No., in order of birth 2nd — 6. Legitimate? Yes — 7. Date of birth 8-22-22 (Month, day, year)

FATHER	MOTHER
8. Full name Ramon Ortega	14. Full maiden name Francisca Gong
9. Residence (Usual place of abode) If nonresident, give place and State Miami Ariz	15. Residence (Usual place of abode) If nonresident, give place and State Miami Ariz
10. Color or race Mex — 11. Age at last birthday 25 (Years)	16. Color or race Mex — 17. Age at last birthday 35 (Years)
12. Birthplace (city or place) Sta Rosalia (State or country) Mexico	18. Birthplace (city or place) Clifton (State or country) Ariz
13. Occupation Nature of Industry Miner	19. Occupation Nature of Industry H. W.

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 two (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 (Born alive or stillborn) at 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 C. J. Valenzuela M. D. (Physician or midwife)

Address Miami Ariz

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

Filed Aug 26, 1922 B. W. Hardy Local Registrar.

161-822-657 Registrar.

Filed 9/7, 1922 B. G. Fisk County Registrar.