

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. 186
Co. Registrar No. 406
Local Registrar No. _____

City of _____ No. 134 Grover Canyon St. _____ Ward) _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Beatrice Augustina De la Riva 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>August 28, 1922</u> (Month, day, year)
8. FATHER Full name <u>Catarino De la Riva</u>		14. MOTHER Full maiden name <u>Pascuala De la Riva</u>		
9. Residence <u>Miami, Arizona</u> (Usual place of abode) If nonresident, give place and State		15. Residence <u>Miami, Arizona</u> (Usual place of abode) If nonresident, give place and State		
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>34</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>34</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mexico</u> (State or country)		
13. Occupation <u>Miner</u> Nature of industry		19. Occupation <u>Housewife</u> 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 <u>5</u> (b) Born alive but now dead <u>3</u> (c) Stillborn <u>0</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1:30 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, Arizona

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

Filed Aug 31, 1922 B. M. Hurd Local Registrar.

Filed 19-7, 1922 B. S. Dix County Registrar.

Registrar.