

4779

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

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

2. Full name of child Maria Briones (If child is not yet named, make supplemental report, as directed)

3. Sex of child f 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 9-22-22 (Month, day, year)

8. FATHER Full name <u>Natividad Briones</u>		14. MOTHER Full maiden name <u>Marmela Renteria</u>	
9. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>25</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>22</u> (Years)
12. Birthplace (city or place) <u>Arizona</u> (State or country)		18. Birthplace (city or place) <u>Mexico</u> (State or country)	
13. Occupation <u>Teacher</u> Nature of Industry		19. Occupation <u>H. P.</u> 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 one (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 _____ at _____ 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: [Signature] (Physician or midwife)
Address: Miami
Given name added from a supplemental report: _____ (Month, day, year)
Filed 9/26, 1922 [Signature] Local Registrar.
Filed 10/10, 1922 [Signature] County Registrar.

422-922-191 Registrar.