

2563

N. B.—In case of more than one child at a birth, & SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

STATE AMENDED
PLACE OF BIRTH SEE NOTATION * ARIZONA STATE BOARD OF HEALTH

1. County of Cocon BUREAU OF VITAL STATISTICS State Index No. 162
 District of Lower Miami ORIGINAL CERTIFICATE OF BIRTH Co. Registrar No. 501
 Town of Miami No. _____ Local Registrar No. _____
 or _____ No. _____ St. _____ Ward _____
 City of _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Olivia Elias } 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>Oct 24, 1922</u> (Month, day, year)
8. Full name <u>Jesus Elias</u>	FATHER		14. Full maiden name <u>Edwignes</u>	MOTHER <u>GONZALEZ</u>
9. Residence <u>(Lower) Miami Ariz.</u> (Usual place of abode) If nonresident, give place and State	15. Residence <u>(Lower) Miami Ariz.</u> (Usual place of abode) If nonresident, give place and State		16. Color or race <u>Mexican</u>	17. Age at last birthday <u>24</u> (Years)
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>28</u> (Years)	12. Birthplace (city or place) <u>El Paso Texas</u> (State or country)	18. Birthplace (city or place) <u>Kladyke Ariz</u> (State or country)	
13. Occupation <u>Copper 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>2</u> (b) Born alive but now dead <u>0</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 11:45 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 F. J. Miller
 (Physician or midwife)
 Address Miami, Ariz.
 Filed 10/31/22, 1922 B. W. Hardy Local Registrar.
 Filed 11/6, 1922 B. G. J. O'Y. County Registrar.

Given name added from a supplemental report. (Month, day, year)
6524024-579
 Registrar.