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

State Index No. 156
Co. Registrar No. 542
Local Registrar No. _____

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

3. Sex of child Male } 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 Nov. 27, 1922 (Month, day, year)

FATHER		MOTHER	
8. Full name <u>Antonio Medina</u>	14. Full maiden name <u>Dolores Peralta</u>	9. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and State	15. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and State
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>27</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Louisa Mex.</u> (State or country)	18. Birthplace (city or place) <u>Cananea, 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..... (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 at 10 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 C. M. Crow M.D.
(Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____ (Month, day, year)
141-1127-471
Registrar.

Filed 11/30/22, 19 P. H. Hard by C. E. Dura Local Registrar.
Filed 12/8/22, 19 P. H. Hard County Registrar.