

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

1. County of Maricopa  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ No. Warrior Siding St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of child Female } To be answered ONLY in event of plural births.  
 4. Twin, triplet or other \_\_\_\_\_  
 5. No., in order of birth 2  
 6. Legitimate? yes  
 7. Date of birth Jan. 23-1923 (Month, day, year)

FATHER		MOTHER	
8. Full name	<u>Miguel Zapata</u>	14. Full maiden name	<u>Rosa De La Torre</u>
9. Residence (Usual place of abode) If nonresident, give place and State	<u>Miami - Ariz.</u>	15. Residence (Usual place of abode) If nonresident, give place and State	<u>Miami - Ariz.</u>
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>24</u> (Years)
12. Birthplace (city or place) (State or country) <u>Chihuahua Mexico</u>		18. Birthplace (city or place) (State or country) <u>Agua Caliente Mex</u>	
13. Occupation Nature of Industry <u>Smelterman</u>		19. Occupation Nature of Industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) <u>2</u>		(a) Born alive and now living <u>2</u> (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 12:00 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 C. M. Crow M.D. (Physician or midwife)  
 Address Miami - Ariz.  
 Given name added from \_\_\_\_\_  
 a supplemental report \_\_\_\_\_ (Month, day, year)  
791-123-945 Registrar.

Filed Jan 31, 1923 Robert E. Davis Local Registrar.  
 Filed 2/8/23, 1923 (S.S. Joy) County Registrar.