

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>195</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>13</u>
Town of <u>Miami</u>		Local Registrar No. _____	
or _____			
City of _____ No. _____ St. _____ Ward _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Jesus Burola</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>2</u>	5. No., in order of birth <u>1</u>
		6. Legitimate? <u>yes</u>	7. Date of birth <u>Feb. 5-1923.</u> (Month, day, year)
8. FATHER Full name <u>Pedro Burola</u>		14. MOTHER Full maiden name <u>Catalina Barra</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>36</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>31</u> (Years)
12. Birthplace (city or place) <u>Chihuahua</u> (State or country) <u>Mex.</u>		18. Birthplace (city or place) <u>Durango</u> (State or country) <u>Mex</u>	
13. Occupation Nature of Industry <u>Miner</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>10</u>		(a) Born alive and now living <u>10</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 9 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 E. M. Brown M.D.
(Physician or midwife)

Address Miami, Arizona

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

Filed Feb 19, 1923 Leah E. Dwin Local Registrar.

Filed 3/5, 1923 B. J. [Signature] County Registrar.

Registrar.

121-205-351