

Damaged Document(s)

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Fla</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>154</u>
City of <u>Miami</u>		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>123</u>
City of _____ No. _____ St. _____ Ward _____		Local Registrar No. _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Petra De La Cruz</u>		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 <u>11</u>	5. No., in order of birth <u>11</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>Feb-23-1923</u> (Month, day, year)	
FATHER		MOTHER	
13. Full name <u>Pedro De La Cruz</u>		14. Full maiden name <u>Casilda Lopez</u>	
15. Residence (Usual place of abode) <u>Miami - Ariz.</u> If nonresident, give place and State		16. Residence (Usual place of abode) <u>Miami - Ariz.</u> If nonresident, give place and State	
17. Color or race <u>Mex</u>		18. Color or race <u>Mex</u>	
19. Age at last birthday <u>42</u> (Years)		20. Age at last birthday <u>37</u> (Years)	
21. Birthplace (city or place) <u>Jalisco Mex</u> (State or country)		22. Birthplace (city or place) <u>Jalisco Mex</u> (State or country)	
23. Occupation <u>Miner</u> Nature of Industry		24. Occupation <u>Housewife</u> Nature of Industry	
25. Number of children of this mother <u>11</u> (Taken as of time of birth of child here-in certified and including this child.) (a) Born alive and now living <u>11</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 <u>born</u> at <u>7 P.</u> 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 <u>C. M. Crow M.D.</u> (Physician or midwife)	
Address <u>Miami - Arizona</u>		Filed <u>Feb 28</u> , 19 <u>23</u> <u>Charles E. Dr.</u>	
Given name added from supplemental report _____ (Month, day, year)		Local Registrar _____	
Registrar _____		County Registrar _____	