

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

BUREAU OF VITAL STATISTICS

State Index No. 150

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 176

Town of Miami

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 Matilda Monarez } 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 5 6. Legitimate? yes 7. Date of birth March 13-1923 (Month, day, year)

8. FATHER Full name Pedro Monarez

14. MOTHER Full maiden name Victoria Monarez

9. Residence (Usual place of abode) Miami, Ariz. If nonresident, give place and State

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10. Color or race Mex. 11. Age at last birthday 30 (Years)

16. Color or race Mex 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Durango Mexico (State or country)

18. Birthplace (city or place) Durango Mex (State or country)

13. Occupation Nature of industry Miner

19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } 5 (a) Born alive and now living 5 (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 11:30 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)

Filed Mar 31, 1923 C. E. Jovin Local Registrar.

Filed 4-5, 1923 B. S. Joy County Registrar.

Registrar. 449-313-549