

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

State Index No. 153  
Co. Registrar No. 178  
Local Registrar No. \_\_\_\_\_

PLACE OF BIRTH  
1. County of Dela  
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)

2. Full name of child Andreas Ortega } 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 2  
6. Legitimate? yes  
7. Date of birth March 15-1923 (Month, day, year)

FATHER		MOTHER	
8. Full name	<u>Ancil Ortega</u>	14. Full maiden name	<u>Josephina Lara</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>	16. Color or race	<u>Mex</u>
11. Age at last birthday	<u>29</u> (Years)	17. Age at last birthday	<u>17</u> (Years)
12. Birthplace (city or place) (State or country)	<u>Sonora Mex</u>	18. Birthplace (city or place) (State or country)	<u>Santa Rosalia 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.) } 2  
(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 12:40 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 Feb 31, 1923 C. E. Zinn Local Registrar.  
Filed 4-5, 1923 B. G. Fox County Registrar.

Registrar. 161-315-131