

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, and
 the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 113
 Co. Registrar No. 219
 Local Registrar No. _____

No. 136 Grover Canyon St. _____ Ward) _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Paula De la Riva } 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 _____ 6. Legitimate? yes 7. Date of birth April 2, 1923 (Month, day, year)

8. FATHER
 Full name Pedro De la Riva

14. MOTHER
 Full maiden name Juana De la Riva

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

15. Residence Miami, Arizona
 (Usual place of abode)
 If nonresident, give place and State

10. Color or race Mexican 11. Age at last birthday 29 (Years)

16. Color or race Mexican 17. Age at last birthday 25 (Years)

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

18. Birthplace (city or place) Mexico
 (State or country)

13. Occupation Smelter (melting furnace)
 Nature of industry Copper

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8 a 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 J. J. Miller (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report _____ (Month, day, year)
 Filed Apr 30, 1923 C. E. Davis Local Registrar.
 Filed 5/5, 1923 Bl Jax County Registrar.

Registrar. 741-402-141