

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

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

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

State Index No. 116
 Co. Registrar No. 230
 Local Registrar No. _____

2. Full name of child Ida Berdullas
 (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

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 2 6. Legitimate? yes 7. Date of birth April 8-1923
 (Month, day, year) If child is not yet named, make supplemental report, as directed

FATHER
 8. Full name Joe Berdullas
 9. Residence (Usual place of abode) Miami - Ariz.
 If nonresident, give place and State
 10. Color or race Spanish
 11. Age at last birthday 35 (Years)
 12. Birthplace (city or place) Cayma
 (State or country) Spain
 13. Occupation Miner
 Nature of Industry

MOTHER
 14. Full maiden name Josephine Koteslitzky
 15. Residence (Usual place of abode) Miami - Ariz.
 If nonresident, give place and State
 16. Color or race Mex
 17. Age at last birthday 23 (Years)
 18. Birthplace (city or place) Sonora
 (State or country) Mexico
 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.) 2
 (a) Born alive and now living 2 (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 3:50 P. 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)
 Registrar. _____
 Filed Apr 30, 1923 C. E. Dinn Local Registrar.
 Filed 5/5, 1923 B. G. Fox County Registrar.

922-403-128