

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Dade  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121  
 Co. Registrar No. 224  
 Local Registrar No. \_\_\_\_\_

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 Raoul Meras } 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. 3 6. Legitimate? yes 7. Date of birth April 4-1923 (Month, day, year)

8. FATHER  
 Full name Bles Meras  
 9. Residence (Usual place of abode) Miami - Ariz.  
 If nonresident, give place and State  
 10. Color or race Mex  
 11. Age at last birthday 43 (Years)  
 12. Birthplace (city or place) Chihuahua  
 (State or country) Mex  
 13. Occupation Miner  
 Nature of Industry

14. MOTHER  
 Full maiden name Soledad Reyes  
 15. Residence (Usual place of abode) Miami - Ariz.  
 If nonresident, give place and State  
 16. Color or race Mex  
 17. Age at last birthday 25 (Years)  
 18. Birthplace (city or place) Meico city  
 (State or country) Mex  
 19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother } 3  
 (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 \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 1 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 C. M. Cron M.D.  
 (Physician or midwife)

Address Miami - Ariz.

Given name added from a supplemental report \_\_\_\_\_  
 (Month, day, year)

Filed Apr 30, 1923 C. E. Davis Local Registrar.

Filed 5/6, 1923 B. S. Diaz County Registrar.

942-404-292  
 Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated.