

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. 162  
 Co. Registrar No. 268 (3)  
 Local Registrar No. \_\_\_\_\_

No. 105 Red Springs Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pascua Montes } 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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth April 22, 1923 (Month, day, year)

8. FATHER  
 Full name José Montes

14. MOTHER  
 Full maiden name Guadalupe Nora

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

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

10. Color or race Mexican 11. Age at last birthday 33 (Years)

16. Color or race Mexican 17. Age at last birthday 28 (Years)

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

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

13. Occupation Timberman, Copper Miner  
 Nature of Industry

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 4 (b) Born alive but now dead 4 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7:50 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 J. P. Miller (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_ (Month, day, year)  
 Filed Apr 30, 1923 P. E. Jones Local Registrar.

742-422-751 Registrar. Filed 5/3, 1923 B. J. Fox County Registrar.