

WRITING PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 **CERTIFICATE AMENDED**

1. County of DeLu SEE NOTATION **ARIZONA STATE BOARD OF HEALTH**

District of \_\_\_\_\_ Bureau of Vital Statistics State Index No. 117

Town of Miami ORIGINAL CERTIFICATE OF BIRTH County Registrar No. 299

or Sex of child + Mother's maiden name amended by Local Registrar No. \_\_\_\_\_

City of Baptismal Cert. 4-7-24 + Marriage Record 5-28-28 + Aff of Res. (12-2-21) (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_

2. Full name of child Cruz Vega 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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth May 3-1923

8. FATHER Full name Ascencion Vega 11. MOTHER Full maiden name Ornelas Ramona

9. Residence (Usual place of abode) Miami-Ariz. 15. Residence (Usual place of abode) Miami-Ariz.

10. Color or race Mex 11. Age at last birthday 26 (Years) 16. Color or race Mex 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) (State or country) Mex 18. Birthplace (city or place) (State or country) Jordsburg-New Mex

13. Occupation Nature of industry Miner 19. Occupation Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
I hereby certify that I attended the birth of this child, who was born at 4:24 a.m. on the date above stated.

Signature C.M. Crow M.D. (Physician or midwife)  
Address Miami, Ariz.

Given name added from supplemental report \_\_\_\_\_ Filed May 31 1923 C.E. Davis Local Registrar.  
Registrar. \_\_\_\_\_ Filed 6-6 1923 B.S. Fox County Registrar.

351-503-962