

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.

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

1. County of Maricopa District of \_\_\_\_\_ Town of Miami or \_\_\_\_\_ City of \_\_\_\_\_ No. Met. Canon St. \_\_\_\_\_ Ward \_\_\_\_\_

State Index No. 142 County Registrar No. 317 Local Registrar No. \_\_\_\_\_

2. Full name of child Bonifacia Diaz (If birth occurred in a hospital or institution, give its NAME instead of street and number) 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 4 5. No., in order of birth 4 6. Legitimate? yes 7. Date of birth May 14 - 1923 Month Day Year

FATHER		MOTHER	
8. Full name <u>Claris Diaz</u>	14. Full maiden name <u>Laura Carillion</u>	9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state
10. Color or race <u>Mex</u>	16. Color or race <u>Mex</u>	11. Age at last birthday <u>45</u> (Years)	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>Tucson</u> (State or country) <u>Mex</u>	18. Birthplace (city or place) <u>Omango</u> (State or country) <u>Mex</u>	13. Occupation Nature of industry <u>miner</u>	19. Occupation Nature of industry <u>Housewife</u>
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>4</u>	(b) Born alive but now dead _____
		(c) Stillborn _____	21. Were precautions taken against phthalmia neonatorum? <u>yes</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born at \_\_\_\_\_ 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 E. M. Cron M.D. (Physician or midwife)  
Address Miami, Arizona  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed May 31, 1923  
Filed 6-6, 1923  
Registrar. \_\_\_\_\_  
County Registrar. P. E. Dwin  
B. G. Dix

249-514-335