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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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Duval  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 109  
County Registrar No. 361  
Local Registrar No. \_\_\_\_\_

2. Full name of child Guadalupe Galligo (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... } 5. No., in order of birth 2 } 6. Legitimate? yes } 7. Date of birth June 6 - 1923  
Month Day Year

8. FATHER  
Full name Perfecto Galligo  
9. Residence (Usual place of abode) Miami - Ariz.  
If nonresident, give place and state

14. MOTHER  
Full maiden name Rosario Montes  
15. Residence (Usual place of abode) Miami - Ariz.  
If nonresident, give place and state

10. Color or race Mex  
11. Age at last birthday 28 (Years)  
12. Birthplace (city or place) Chihuahua  
(State or country) Mex

16. Color or race Mex  
17. Age at last birthday 25 (Years)  
18. Birthplace (city or place) Chihuahua  
(State or country) Mex

13. Occupation  
Nature of industry Miner  
20. Number of children of this mother (a) Born alive and now living 2  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

19. Occupation  
Nature of industry Housewife  
21. Were precautions taken against opthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 9:20 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 C. M. Crow M.D.  
Address Miami - Ariz.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed July 1, 1923 P. J. Ivin Local Registrar.  
Filed 7-7, 1923 A. J. J. A. County Registrar.

776-606-942