

MARGIN RESERVED FOR BINDING
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 Yuma State Index No. 121
District of _____ County Registrar No. 413
Town of Miami Local Registrar No. _____
or _____
City of _____ No. 3500 Loomis Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Antonio Tostado (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 June 13-23 Month day year

3. FATHER Full name <u>Margarito Tostado</u>		14. MOTHER Full maiden name <u>Louiza Pomo</u>	
9. Residence (Usual place of abode) <u>Miami Arizona</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>	11. Age at last birthday <u>23</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>Mexico</u>	
13. Occupation Nature of industry <u>Machine Man Copper Mine</u>		19. Occupation Nature of industry <u>Housewife</u>	

20. Number of children of this mother (a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0 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 alive at 5a m. on the date above stated.
(Born alive or stillborn.)

Signature F. L. Miller M.D. (Physician or midwife)
Address Miami Arizona
Given name added from _____
Month, day, year _____
Registrar. _____

Filed July 31, 1923 C. E. Dwin Local Registrar.
Filed Aug 3 1923 B. S. Jan County Registrar.

136-613-396