

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. 1105 Pine Oak (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Clorisa Frias (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... 1 5. No., in order of birth. 1 6. Legitimate? yes 7. Date of birth June 14-1923
Month Day Year

8. FATHER Full name <u>Leopoldo Frias</u>	14. MOTHER Full maiden name <u>Dolores Madrid</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>22</u> (Years)	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)	13. Birthplace (city or place) <u>Santa Rita</u> (State or country) <u>New Mexico</u>
13. Occupation Nature of industry <u>Motorman</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>1</u> (b) Born alive but now dead... (c) Stillborn	21. Were precautions taken against ophthalmia 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 2:40 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. (Physician or midwife)
Address Miami-Arizona

Given name added from a supplemental report _____
Month, day, year. _____

Filed July 1, 1923 C. E. Irwin Local Registrar.
Filed 7-7 19 23 B. G. J. J. J. County Registrar.

Registrar.

562-614-444