

WRITE PLAINLY WITH UNFADING INK. 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. Nick's Canon St. _____ Ward _____

State Index No. 141 County Registrar No. 378 Local Registrar No. _____

2. Full name of child Rosario Barraso 3. Sex of Child Male 4. Twin, triplet or other 4 5. No., in order of birth 4 6. Legitimate? yes 7. Date of birth June 20-1923

8. FATHER Full name Bernardino Barraso

14. MOTHER Full maiden name Rosinda Ortiz

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 30 (Years)

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

12. Birthplace (city or place) Chihuahua (State or country) Mex.

18. Birthplace (city or place) Jerome (State or country) Ariz.

13. Occupation Nature of industry Millman

19. Occupation Nature of industry Housewife

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 4 (b) Born alive but now dead _____ (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 6:30 m. on the date above stated.

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

Given name added from a supplemental report _____ Month, day, year. Filed July 1, 1923 Local Registrar. Filed 7-7 1923 B. E. Joy County Registrar.

926-620-969