

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

PLACE OF BIRTH  
1. County of Yuma  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Jose Maria Topes } 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 22-23 Month day year

8. FATHER Full name Sipriano Topia 9. Residence (Usual place of abode) Miami Ariz If nonresident, give place and state 10. Color or race Mex 11. Age at last birthday 22 (Years)

14. MOTHER Full maiden name Teresa Cermania 15. Residence (Usual place of abode) Miami Ariz If nonresident, give place and state 16. Color or race Mex 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Mexico (State or country) 13. Occupation Miner Nature of industry 18. Birthplace (city or place) Mexico (State or country) 19. Occupation Housewife Nature of industry

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 1 (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 3 P (Born alive or stillborn.) on the date above stated.

\*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 evidences of life after birth.  
Signature C. J. Sotel M.D. (Physician or midwife)  
Address Miami Ariz  
Month, day, year. Filed July 1 1923 Filed 5-6 1923  
Registrar. V.C.F. Juma Local Registrar. B.H. Jira County Registrar.

131-622-331