

MARGIN IS RESERVED FOR BONDING  
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 \_\_\_\_\_  
or Miami  
City of \_\_\_\_\_  
No. 188 Mexican Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
Local Registrar No. \_\_\_\_\_  
If child is not yet named, make supplemental report, as directed.

2. Full name of child Margarita Rocha  
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 \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_  
Date of birth June 22, 1923  
Month day year

FATHER  
8. Full name Unknown  
9. Residence (Usual place of abode) \_\_\_\_\_  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race \_\_\_\_\_  
11. Age at last birthday \_\_\_\_\_ (Years)  
12. Birthplace (city or place) \_\_\_\_\_  
(State or country)  
13. Occupation \_\_\_\_\_  
Nature of industry \_\_\_\_\_

MOTHER  
14. Full maiden name Esther Rocha  
15. Residence (Usual place of abode) 188 Mexican Canyon  
If nonresident, give place and state Miami, Arizona  
16. Color or race \_\_\_\_\_  
17. Age at last birthday 18 (Years)  
18. Birthplace (city or place) Old Mexico  
(State or country)  
19. Occupation \_\_\_\_\_  
Nature of industry House Maid

20. Number of children of this mother (a) Born alive and now living one (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)  
21. Were precautions taken against ophthalmia neonatorum? Yes 1% Arg. N. & 20% Crystal

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was born alive at 2 a.m. on the date above stated.  
(Born alive or stillborn)  
Signature Charles E. Irvine M.D. (Physician or midwife)  
Address Miami Arizona  
Given name added from \_\_\_\_\_  
1 supplemental report \_\_\_\_\_  
Month, day, year. Filed July 1, 1923 Local Registrar. Filed 7-7, 1923 County Registrar.

491-622-591