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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 Gila
District of _____
Town of Miami
or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alice Jayas 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. _____ 6. Legitimate? Yes 7. Date of birth June 30 1923
Month Day Year

5. No., in order of birth. _____

8. FATHER Full name <u>Rosinda Jayas</u>		14. MOTHER Full maiden name <u>Guadalupe Gaitan</u>	
9. Residence <u>Miami - Arizona</u> (Usual place of abode) If nonresident, give place and state		15. Residence <u>Miami, Arizona</u> (Usual place of abode) If nonresident, give place and state	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>31</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>Guaymas, Sonora</u> (State or country) <u>Mexico</u>		18. Birthplace (city or place) <u>Chihuahua</u> (State or country) _____	
13. Occupation <u>Laborer</u> Nature of industry _____		19. Occupation <u>Housewife</u> Nature of industry _____	
20. Number of children of this mother <u>Two</u> (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>Yes</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 alive at 6:30 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 M. B. Hall, Jr. (Physician or midwife)
Address Miami, Arizona

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

Filed July 31 1923 _____ Local Registrar.
Filed 8/3 1923 _____ County Registrar.

192-630-775