

1005

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 Pima
District of _____
Town of Miami
or _____
City of _____

State Index No. 171
County Registrar No. 464
Local Registrar No. _____

2. Full name of child Lelis Cota
(If born occurred in a hospital or institution, give its NAME instead of street and number)

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 2
6. Legitimate? yes
7. Date of birth July 18, 1923
Month Day Year

8. FATHER
Full name Mmanuel Cota
9. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state
10. Color or race Mexican
11. Age at last birthday 32 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico
13. Occupation
Nature of industry Miner (Copper)

14. MOTHER
Full maiden name Delores Carrales
15. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state
16. Color or race Mexican
17. Age at last birthday 31 (Years)

18. Birthplace (city or place) _____
(State or country) Mexico
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 7
(b) Born alive but now dead 6
(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 alive at 9:40 P. m. on the date above stated.
(Born alive or stillborn.)
Signature J. J. Meier
Address Miami Ariz.
(Physician or midwife)

*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.

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

Filed July 31, 1923
Filed 8/3, 1923
Local Registrar. P. E. J. J. J.
County Registrar. J. J. J.

331-718-432