

1006

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 Pima District of \_\_\_\_\_  
Town of miami or City of \_\_\_\_\_  
No. 39 Live Oak St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Camila Cota (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child girl To be answered ONLY in event of plural births. 4. Twin, ~~triplet or other~~ 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth July 18, 1920  
Month Day Year

8. FATHER Full name <u>manuel Cota</u>	11. Age at last birthday <u>32</u> (Years)	14. MOTHER Full maiden name <u>Julares Carrales</u>	17. Age at last birthday <u>31</u> (Years)
9. Residence (Usual place of abode) <u>miami, Arizona</u> If nonresident, give place and state	10. Color or race <u>mexican</u>	15. Residence (Usual place of abode) <u>miami, Arizona</u> If nonresident, give place and state	16. Color or race <u>mexican</u>
12. Birthplace (city or place) _____ (State or country) <u>mexico</u>	13. Occupation Nature of industry <u>miner (COPPER)</u>	18. Birthplace (city or place) _____ (State or country) <u>mexico</u>	19. Occupation Nature of industry <u>Housewife</u>

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 6  
(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 8:15 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 J. H. Miller  
(Physician or midwife)  
Address miami, Arizona

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

Filed July 31, 1923 Local Registrar. C. E. Davis  
Filed 8/3, 1923 County Registrar. Shaw

331-718-432