

1009

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

State Index No. 175  
County Registrar No. 486  
Local Registrar No. 1

PLACE OF BIRTH  
1. County of Pima  
District of Michelman  
Town of Michelman  
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 Solace Berniel (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. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth July 20 1923  
Month Day Year

8. FATHER  
Full name Jose Berniel  
9. Residence (Usual place of abode) Michelman Arizona  
If nonresident, give place and state  
10. Color or race Mexican  
11. Age at last birthday 24 (Years)

14. MOTHER  
Full maiden name Concepcion Velazquez de Berniel  
15. Residence (Usual place of abode) Michelman Arizona  
If nonresident, give place and state  
16. Color or race Mexican  
17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Las Lunas  
(State or country) Mex  
13. Occupation  
Nature of industry Laborer

18. Birthplace (city or place) Hannock, Mex  
(State or country)  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother Three (a) Born alive and now living Two (b) Born alive but now dead 1 (c) Stillborn 0  
(Taken as of time of birth of child herein certified and including this child.) 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 5:30 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 Mrs. P. H. [unclear]  
(Physician or midwife)  
Address Michelman Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. Filed July 30<sup>th</sup> 1923 Filed July 5 1923  
Registrar. Local Registrar. County Registrar.

423-720-323