

1020

MARGIN RESERVED FOR BINDING
COPY WITH UNFADING INK—THIS IS A PERMANENT RECORD
WRITE IN CASE OF MORE THAN ONE CHILD at a birth, in order of birth stated.
N. B.—In case of more than one child at a birth, in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Dela State Index No. 185
 District of _____ County Registrar No. 475
 Town of miami Local Registrar No. _____
 or _____
 City of _____ No. Bullion Plaza St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cristina Udabe (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 23, 1923
 Month Day Year

8. FATHER Full name <u>Theodoro Udabe</u>	14. MOTHER Full maiden name <u>Manuela Salas</u>
9. Residence (Usual place of abode) <u>miami, arizon</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>miami, arizon</u> If nonresident, give place and state
10. Color or race <u>mexican</u>	16. Color or race <u>mexican</u>
11. Age at last birthday <u>35</u> (Years)	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>mexico</u> (State or country)	18. Birthplace (city or place) <u>mexico</u> (State or country)
13. Occupation <u>Timberman</u> Nature of industry <u>Copper mine</u>	19. Occupation <u>Housewife</u> Nature of industry _____
20. Number of children of this mother (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u> (Taken as of time of birth of child herein certified and including this child.)	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 alive at 10 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. J. Miller (Physician or midwife)
 Address miami, arizon
 Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. _____

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

345-723-112