

1030

MARGIN RESERVED FOR USE IN WRITING 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 PLACE OF BIRTH
District of _____
Town of miami
or _____
City of _____ No. 908 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 Nazaria Ybarra 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 28, 1923
Month Day Year

8. FATHER Full name <u>Juan Ybarra</u>	14. MOTHER Full maiden name <u>Genevieve Tarazon</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>37</u> (Years)	17. Age at last birthday <u>34</u> (Years)
12. Birthplace (city or place) (State or country) <u>mexican</u>	18. Birthplace (city or place) (State or country) <u>El Paso Texas</u>
13. Occupation <u>Laborer</u> Nature of industry <u>Copper mine</u>	19. Occupation <u>Horseman</u> Nature of industry _____
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 <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	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 (Born alive or stillborn.) at 11:10 P. m. on the date above stated.

*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. Fenner
(Physician or midwife)
Address miami, arizon

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

Filed July 31 19 23 P. E. Davis Local Registrar.
Filed 7/3 19 23 [Signature] County Registrar.

581-728-735