

1872

PLACE OF BIRTH

1. County of Pima  
District of \_\_\_\_\_  
Town of Marion  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 184  
County Registrar No. 370  
Local Registrar No. \_\_\_\_\_

2. Full name of child Lorenza Banda  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
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 Aug 25 - 1923  
Month Day Year

8. FATHER  
Full name Juan Banda  
9. Residence (Usual place of abode) Miami, Fla.  
If nonresident, give place and state

14. MOTHER  
Full maiden name Antonia Ramirez  
15. Residence (Usual place of abode) Miami  
If nonresident, give place and state

10. Color or race Mex  
11. Age at last birthday 36 (Years)

16. Color or race Mex  
17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Mexico  
(State or country)

18. Birthplace (city or place) Mexico  
(State or country)

13. Occupation Miner  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (a) Born alive and now living 3  
(b) Born alive but now dead 2  
(c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)  
21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 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 No Physician Present - Periparturient Labor  
Address Was taken care of by neighbor

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed Sept 7, 1923 C. E. Davis Local Registrar.  
Filed Oct 3, 1923 B. J. Fox County Registrar.

321-825-199