

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

1. County of Cochise District of _____ Town of _____ or Miami City of Miami No. 3213 Louis Ave. St. _____ Ward _____ State Index No. 125 County Registrar No. 5914 Local Registrar No. _____

2. Full name of child Relia Blanco 3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth Sept-11-1923 Month Day Year

8. FATHER Full name Guerrero Blanco 9. Residence (Usual place of abode) Miami If nonresident, give place and state 10. Color or race Mexican 11. Age at last birthday 24 (Years) 12. Birthplace (city or place) Mexico (State or country) 13. Occupation Miner Nature of industry

14. MOTHER Full maiden name Aspetita Sanchez 15. Residence (Usual place of abode) Miami If nonresident, give place and state 16. Color or race Mexican 17. Age at last birthday 18 (Years) 18. Birthplace (city or place) Mexico (State or country) 19. Occupation Housewife Nature of industry 20. Number of children of this mother (a) Born alive and now living none (b) Born alive but now dead none (c) Stillborn none 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 ~~born~~ a.) at 2 P. m. on the date above stated. Signature [Signature] (Physician or midwife) Address Miami Arizona Given name added from a supplemental report _____ Month, day, year. Filed Sept 30 1923 Filed 10-0 1923 Registrar. C. E. J. [Signature] Local Registrar. [Signature] County Registrar.

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.

326-911-129