

PLAIN INK—THIS IS A PERMANENT RECORD
 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.

PLACE OF BIRTH <i>Mia</i>		ARIZONA STATE BOARD OF HEALTH	
1. County of _____	District of _____	BUREAU OF VITAL STATISTICS	State Index No. <u>133</u>
Town of <u>Miami</u>	or _____	ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>602</u>
City of _____	No. <u>Warrior Building</u>	Local Registrar No. _____	Ward _____
2. Full name of child <u>Cruz Amavisca</u>		(If child is not yet named, make supplemental report, as directed.)	
3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>Yes</u>	7. Date of Birth <u>Sept. 14, 1922</u>	Month _____	Day _____
8. FATHER Full name <u>Francisca Amavisca</u>		14. MOTHER Full maiden name <u>Adelaida Carranza</u>	
9. Residence (Usual place of abode) <u>Miami, Arizona</u>		15. Residence (Usual place of abode) <u>Miami, Arizona</u>	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>38</u> (Years)		17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Mexico</u>	
13. Occupation <u>Miner</u> Nature of industry <u>Copper</u>		19. Occupation <u>Housewife</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.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>4</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>		<u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1 A.</u> 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 <u>[Signature]</u> (Physician or midwife)	
Address <u>Miami, Arizona</u>		Local Registrar. _____	
Given name added from a supplemental report _____		Filed <u>Sept 30, 23</u> _____	
Month, day, year.		Filed <u>Oct 3, 23</u> _____	
Registrar. _____		County Registrar. _____	

311-914-131