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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157
County Registrar No. 621
Local Registrar No. _____

PLACE OF BIRTH
1. County of Hila
District of _____
Town of Miami
or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Virginia Sanchez
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 1 6. Legitimate? yes 7. Date of birth Sept. 26-1923
Month Sept day 26 year 1923
If child is not yet named, make supplemental report, as directed.

8. FATHER
Full name Becente Sanchez
9. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz.
10. Color or race Mex
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) El Oro
(State or country) Mexico
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Conzuela Mendosa
15. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz.
16. Color or race Mex
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Durango-
(State or country) Mexico
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against phthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born at 7 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 evidences of life after birth.
Given name added from a supplemental report _____
Month, day, year. _____
Signature C. M. Cron M.D. (Physician or midwife)
Address Miami - Ariz.
Filed Sept 30, 1923 P. O. Travis Local Registrar.
Filed Oct 3, 1923 B. S. Stov County Registrar.

529-926-341

MARGIN RESERVED FOR BINDING
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.