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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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila State Index No. 117
District of _____ County Registrar No. 662
Town of miami or _____ Local Registrar No. _____
City of _____ No. 812 Sullivan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Angela Juarez (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. _____ 6. Legitimate? yes 7. Date of birth Oct. 2. 1923
5. No., in order of birth. _____ Month Day Year

| | | | |
|--|--|--|--|
| 8. FATHER Full name <u>Santano Juarez</u> | | 14. MOTHER Full maiden name <u>Jesus Rios</u> | |
| 9. Residence (Usual place of abode) <u>miami, Arizona</u> If nonresident, give place and state | | 15. Residence (Usual place of abode) <u>miami, Arizona</u> If nonresident, give place and state | |
| 10. Color or race <u>Mexican</u> | 11. Age at last birthday <u>40</u> (Years) | 16. Color or race <u>Mexican</u> | 17. Age at last birthday <u>30</u> (Years) |
| 12. Birthplace (city or place) (State or country) <u>Mexico</u> | | 18. Birthplace (city or place) (State or country) <u>Mexico</u> | |
| 13. Occupation <u>Machine-man</u> Nature of industry <u>Copper mining</u> | | 19. Occupation <u>Housewife</u> Nature of industry _____ | |
| 20. Number of children of this mother (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>4</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 at 11 A. 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 J. P. Sullivan
Address miami, Arizona
(Physician or midwife)

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

Filed Oct 31 1923 _____
Filed 11-6 1923 _____
Local Registrar. _____
County Registrar. _____

119-1002-192