

985

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

State Index No. 140
County Registrar No. 672
Local Registrar No. _____

PLACE OF BIRTH
1. County of Yuma
District of _____
Town of Miami
or _____
City of _____

2. Full name of child Malacia Felix
(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
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 4 6. Legitimate? yes 7. Date of birth Oct. 13-1923
Month day year

8. FATHER
Full name Jose Felix

14. MOTHER
Full maiden name Angelita Villere

9. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state

15. Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state

10. Color or race Mex

16. Color or race Mex

11. Age at last birthday 31 (Years)

17. Age at last birthday 20 (Years)

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

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

13. Occupation
Nature of industry Pool Hall Prop.

19. Occupation
Nature of industry Housewife

Number of children of this mother (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____
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 at 9 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 one that neither breathes nor shows other evidences of life after birth. (Name added from supplemental report)
Signature C. M. Crow M.D. (Physician or midwife)
Address Miami - Arizona

Filed Oct 31, 1923 C. E. Dwan Local Registrar.
Month, day, year.

Registrar. 467-1013-153 Filed 11-6-23 Bl. Fox County Registrar.