9A6

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. 148

County Registrar No. 679

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of ..... No. 117 Miami Ave St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Teresa Nungarai — 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 ..... 6. Legitimate? yes 7. Date of birth Oct 15. 1923 (Month day year)

FATHER	MOTHER
8. Full name: Atanacio Nungarai	14. Full maiden name: Manuela Lopez
9. Residence (Usual place of abode): Miami, Arizona — If nonresident, give place and state	15. Residence (Usual place of abode): Miami, Arizona — If nonresident, give place and state
10. Color or race: Mexican — 11. Age at last birthday 37 (Years)	16. Color or race: Mexican — 17. Age at last birthday 23 (Years)
12. Birthplace (city or place) ..... (State or country) Mexico	18. Birthplace (city or place) ..... (State or country) Mexico
13. Occupation: Laborer in lumber yard — Nature of industry: Copper mining	19. Occupation: Housewife — Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn 0

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 alive (Born alive ~~or stillborn~~) at 8:30 P.m. on the date above stated.

*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.

Signature [signature] (Physician or midwife)

Address Miami, Arizona

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

Filed Oct 31, 1923 C. E. Irvin Local Registrar.

Registrar.

Filed 11-6, 1923 [signature] County Registrar.

359-1015-439