

10:19

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  
in order of birth stated.

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

PLACE OF BIRTH *Dila*

1. County of *Dila* State Index No. *165*  
District of \_\_\_\_\_ County Registrar No. *729*  
Town of *miami* or \_\_\_\_\_ Local Registrar No. \_\_\_\_\_  
City of \_\_\_\_\_ No. *69 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 *\* Baloue De le Pas* 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 *October 22, 1923.*  
Month Day Year

8. FATHER Full name <i>Francisco De le Pas</i>		14. MOTHER Full maiden name <i>Conception Mercado</i>	
9. Residence (Usual place of abode) <i>miami, Arizona</i> If nonresident, give place and state		15. Residence (Usual place of abode) <i>miami, Arizona</i> If nonresident, give place and state	
10. Color or race <i>mexican</i>	11. Age at last birthday <i>26</i> (Years)	16. Color or race <i>mexican</i>	17. Age at last birthday <i>22</i> (Years)
12. Birthplace (city or place) (State or country) <i>mexico</i>		18. Birthplace (city or place) (State or country) <i>mexico</i>	
13. Occupation <i>Gardener</i> Nature of industry		19. Occupation <i>Housewife</i> 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 *1* (b) Born alive but now dead *4* (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 *born alive* at *9:30 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 evidence of life after birth.

Signature *J. J. Miller*  
(Physician or midwife)  
Address *miami, Arizona*

Given name added from a supplemental report \_\_\_\_\_ Month, day, year. Filed *Nov 30, 1923*

Registrar. Filed *12/5, 1923* Local Registrar. *P. G. Jim*  
County Registrar. *R. S. Gray*

242-1022-340