

1022

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 a. in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

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

State Index No. 171
County Registrar No. 695
Local Registrar No. _____

2. Full name of child Ignacio Benitez
3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No. in order of birth 1 7. Date of birth Oct-22-1923
Month day year

FATHER
8. Full name Laura Benitez
9. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state
10. Color or race Mex
11. Age at last birthday 28 (Years)
12. Birthplace (city or place) Durango, Mexico
(State or country)
13. Occupation
Nature of industry Miner

MOTHER
14. Full maiden name Nicolasa Enciso
15. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state
16. Color or race Mex
17. Age at last birthday 18 (Years)
18. Birthplace (city or place) Deming, New Mex
(State or country)
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 ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born at 11:45 a.m. on the date above stated.
(Born alive or stillborn.)

Signature C. M. Cron M.D. (Physician or midwife)
Address Miami - Ariz.
Filed Oct 31, 1923 J. E. Dwyer Local Registrar.
Filed 11-6, 1923 B. H. Day County Registrar.

929-1022-5510