1870

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of ..... No. ..... St. ..... Ward

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166

County Registrar No. 782

Local Registrar No.

2. Full name of child Maria Rivera

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 2

6. Legitimate? yes

7. Date of birth Nov. 17 1923. (Month day year)

FATHER

8. Full name Roal Rivera

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Arizona

10. Color or race Mex

11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Sinaloa

(State or country) Mexico

13. Occupation

Nature of industry Miner

MOTHER

14. Full maiden name Refugia Cordoba

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

16. Color or race Mex

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Sonora

(State or country) Mexico

19. Occupation

Nature of industry Housewife

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 2 (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 (Born alive or stillborn.) at 10 A. 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 C. M. Crow M.D. (Physician or midwife)

Address Miami Arizona

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

Registrar.

Filed Nov 30, 1923 C. E. Jones Local Registrar.

Filed 12/3 1923 County Registrar.

491-1117-931