

1905

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

PLACE OF BIRTH
County of Maricopa
District of _____
Town of Miami
or _____
City of _____

State Index No. 193
County Registrar No. 816
Local Registrar No. _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)
No. _____ St. _____ Ward _____

2. Full name of child Andrea Caro } 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 Nov-30-1923
5. No., in order of birth 3 } Month day year

8. FATHER Full name <u>Mmanuel G. Caro</u>		14. MOTHER Full maiden name <u>Peitra Pena</u>	
9. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state	
16. Color or race <u>Mex</u>	11. Age at last birthday <u>24</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) <u>Chihuahua Mex</u> (State or country)		18. Birthplace (city or place) <u>Tucson Ariz.</u> (State or country)	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	

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 3
(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 8:15 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.
Given name added from supplemental report _____
Month, day, year. _____

Signature C. M. Crow M.D. (Physician or midwife)
Address Miami, Arizona
Filed dec 31 1923 C. S. Owen Local Registrar.
Filed 1-5 1924 B. G. Joy County Registrar.

Registrar. _____
136-1130-771