147

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. 104a

County Registrar No. 338

Local Registrar No. ____

PLACE OF BIRTH

1. County of Gila

District of ____

Town of Miami Arizona

or

City of ____ No. ____ St. ____ Ward

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

2. Full name of child Natalia Sanchez — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Mc girl — 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 Dec. 1 1923 (Month day year)

8. FATHER

Full name Rutilo Sanchez

9. Residence (Usual place of abode) Miami Ariz.

If nonresident, give place and state Adobe House

10. Color or race Mexican

11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Santa Maria De

(State or country) El Oro St. Durango

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Apolonia Monares

15. Residence (Usual place of abode) Miami Ariz.

If nonresident, give place and state Adobe House

16. Color or race Mexican

17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Majistral Del Oro

(State or country) St. Durango

19. Occupation

Nature of industry ____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 2

(a) Born alive and now living Yes

(b) Born alive but now dead ____

(c) Stillborn Yes

21. Were precautions taken against ophthalmia neonatorum?

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 4 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 Rosa Cortez (Physician or midwife)

Address Mexican Canyon 136

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

Filed Apr. 30, 1924 C. F. Irving Local Registrar.

Filed 5 8, 1924 B. G. Frey County Registrar.

Registrar.

529-1201-142