150

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.

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 107

County Registrar No. 621

Local Registrar No.

No. 50 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 Catalina Armendariz } 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

6. Legitimate? Yes

7. Date of birth Dec-1-1923 Month day year

8. FATHER

Full name Miguel Armendariz

9. Residence (Usual place of abode) Miami Ariz

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Mexico

(State or country)

13. Occupation Miner

Nature of industry

14. MOTHER

Full maiden name Refugio Franko

15. Residence (Usual place of abode) Miami Ariz

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 38 (Years)

18. Birthplace (city or place) Mexico

(State or country)

19. Occupation Housewife

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 4

(b) Born alive but now dead None

(c) Stillborn None

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 ..... at 6.8 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 evidences of life after birth.

Signature C. S. Sotelo M.D. (Physician or midwife)

Address Miami Ariz

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

Filed Dec 31, 1923 C. E. Irvin Local Registrar.

Filed 1-5, 1924 B. G. Lay County Registrar.

Registrar.

319-1201-966