

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

PLACE OF BIRTH
1. County of Gila State Index No. 143
District of _____ County Registrar No. 854
Town of miami Local Registrar No. _____
or _____
City of _____ No. 105 Chisholm St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Adventista Delgadilla } 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 December 16, 1923
Month day year

<p>3. FATHER Full name <u>Apolonio Delgadilla</u></p> <p>9. Residence (Usual place of abode) <u>miami, Arizona</u> If nonresident, give place and state</p> <p>10. Color or race <u>Mexican</u></p> <p>11. Age at last birthday <u>28</u> (Years)</p> <p>12. Birthplace (city or place) _____ (State or country) <u>Mexico</u></p> <p>13. Occupation <u>miner</u> Nature of industry <u>Copper</u></p>	<p>14. MOTHER Full maiden name <u>Jesus Delgadilla</u></p> <p>15. Residence (Usual place of abode) <u>miami, Arizona</u> If nonresident, give place and state</p> <p>16. Color or race <u>Mexican</u></p> <p>17. Age at last birthday <u>27</u> (Years)</p> <p>18. Birthplace (city or place) _____ (State or country) <u>Mexico</u></p> <p>19. Occupation <u>Housewife</u> Nature of industry _____</p>
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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 3
(c) Stillborn 0

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 alive at 1 P. 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 J. J. Muelin (Physician or midwife)
Address miami, Arizona
Given name added from a supplemental report _____
Month, day, year. Filed Dec 31, 1923 at _____
Local Registrar. Filed 1-5, 1924 at _____
County Registrar.

141-1216-141