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In case of more than one child at a birth, a SEPARATE REPORT 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 Yuma  
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)

2. Full name of child Jesus Sosa } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male } To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth Dec. 24-1923  
Month day year

<p>8. FATHER Full name <u>Isidio Sosa</u></p> <p>9. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state <u>Ariz</u></p> <p>10. Color or race <u>Mex</u></p> <p>11. Age at last birthday <u>30</u> (Years)</p> <p>12. Birthplace (city or place) <u>Durango</u> (State or country) <u>Mex</u></p> <p>13. Occupation Nature of industry <u>miner</u></p>	<p>14. MOTHER Full maiden name <u>Joseph Arellanes</u></p> <p>15. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state <u>Ariz</u></p> <p>16. Color or race <u>Mex</u></p> <p>17. Age at last birthday <u>25</u> (Years)</p> <p>18. Birthplace (city or place) <u>Durango</u> (State or country) <u>Mex</u></p> <p>19. Occupation Nature of industry <u>Housewife</u></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 4  
(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 at 2 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.

Given name added from \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Signature C. M. Crow M.D. (Physician or midwife)  
Address Miami, Arizona  
Filed Jan 31, 1924 C. S. J. Local Registrar.  
Filed 2/3, 1924 B. S. J. County Registrar.

121-1224-112