

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

PLACE OF BIRTH Arizona

1. County of _____
District of _____
Town of Miami
or _____
City of _____ No. 923-B Rose Road Local Registrar No. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 159
County Registrar No. 868

2. Full name of child Natividad Montoya } 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 24 1923
Month day year

3. FATHER Full name <u>Jesus Montoya</u>		14. MOTHER Full maiden name <u>Juana Acevero</u>	
9. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami, Arizona</u> If nonresident, give place and state	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>34</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>Mexico</u>	
13. Occupation <u>miner</u> Nature of industry <u>Copper</u>		19. Occupation <u>Housewife</u> 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 <u>6</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:30 P. 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 T. J. Miller (Physician or midwife)
Address Miami, Arizona
Given name added from _____
Month, day, year. Filed Dec 31, 1923 Local Registrar. _____
Registrar. Filed 1-5-24 County Registrar. B. S. Joy

541-1224-116