2108

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 Miami

or

City of ..... No. ..... St. ..... Ward

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

HEALTH

ORIGINAL CERTIFICATE

...x No. 175

...egistrar No. 242

Local Registrar No. .....

2. Full name of child Gaudaloupe Sanchez — 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

6. Legitimate? yes

7. Date of birth Mch. 26-1924. (Month Day Year)

8. FATHER

Full name Andreas Sanchez

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Arizona

10. Color or race Mex

11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Jalisco

(State or country) Mex

13. Occupation

Nature of industry Laborer

14. MOTHER

Full maiden name Maria

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

16. Color or race Mex

17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Aguas Calientes

(State or country) Mex

19. Occupation

Nature of industry Housewife

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 6

(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 (Born alive or stillborn.) at 11 P 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 evidence of life after birth.

Signature Cyril M. Crow M.D. (Physician or midwife)

Address Miami, Arizona

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

Filed Mch 31, 1924 C. E. Irvine Local Registrar.

Registrar.

Filed 4-5, 1924 B. S. Hay County Registrar.

29-326-400