[redacted]

MARGIN RESERVED FOR BINDING

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.

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. 106

County Registrar No. 21

Local Registrar No.

No. 717 Church Hill St. Ward

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

2. Full name of child Maria de Jesus Trujillo (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 Jan (Month) 2 (day) 1924 (year)

8. FATHER

Full name Refugio Trujillo

9. Residence (Usual place of abode) 717 Church Hill

If nonresident, give place and state Miami Ariz

10. Color or race Mexican

11. Age at last birthday 35 (Years)

12. Birthplace (city or place) San Sebastian

(State or country) Jalisco-Mexico

13. Occupation Miner

Nature of industry

14. MOTHER

Full maiden name Agapita Bernal

15. Residence (Usual place of abode) 717 Church Hill.

If nonresident, give place and state Miami Ariz

16. Color or race Mexican

17. Age at last birthday 29 (Years)

18. Birthplace (city or place) San Sebastian

(State or country) Jalisco-Mexico

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 6th

(b) Born alive but now dead 2

(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a.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 evidences of life after birth.

Signature Robert D Gray MD MS (Physician or midwife)

Address Miami Ariz

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

Filed Jan 31 1924 Co. Irvin Local Registrar.

Registrar.

Filed 2/5 1924 County Registrar.

W36-102-123