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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.

V. S. No. 2

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 111

County Registrar No. 25

Local Registrar No. _____

PLACE OF BIRTH

1. County of Gila

District of _____

Town of _____

or City of Miami No. 718 Live Oak St. _____ Ward

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

2. Full name of child Maria Vegas (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. 3 - 1924 (Month day year)

FATHER

8. Full name Gabriel Vega

9. Residence (Usual place of abode) Miami Ariz

If nonresident, give place and state

10. Color or race White

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Spain (State or country)

13. Occupation Laborer

Nature of industry

MOTHER

14. Full maiden name Maria Berno

15. Residence (Usual place of abode) Miami Ariz

If nonresident, give place and state

16. Color or race White

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Spain (State or country)

19. Occupation House wife

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 6 (b) Born alive but now dead none (c) Stillborn none

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 alive or stillborn.) at _____ 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 D. J. Fatel M.D. (Physician or midwife)

Address Miami Ariz

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

Registrar.

Filed Jan 31, 1924 C. E. Irwin Local Registrar.

Filed 2/5, 1924 [illegible] County Registrar.

451-103-426