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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 115

County Registrar No. 35

Local Registrar No.

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)

2. Full name of child Alice Muro — 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 4

6. Legitimate? yes

7. Date of birth Jan. 7 - 1924. (Month day year)

FATHER

8. Full name Ysabel Muro

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

10. Color or race Mex

11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Coahuila

(State or country) Mex.

13. Occupation

Nature of industry Miner

MOTHER

14. Full maiden name Carmen Acker

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Arizona

16. Color or race Mex.

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Chihuahua

(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 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 8 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.

Signature C. M. Cron M.D. (Physician or midwife)

Address Miami, Arizona

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

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

Filed 2/5 1924 B. G. Fox County Registrar.

Registrar.

146-107-319

MARGIN RESERVED FOR RECORD

WRITE PLAINLY WITH UNFADING INK—THIS IS A ... or each, and the number of each.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must ... in order of birth stated.