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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVE—DO NOT WRITE IN THIS MARGIN
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
1. County of DeLa
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)

State Index No. 135
County Registrar No. 45
Local Registrar No. _____

2. Full name of child Jesus Poderiquez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ Legitimate? yes 7. Date of birth Jan. 13-1924
Month day year

5. No., in order of birth 5

8. FATHER Full name <u>Marcos Poderiquez</u>		14. MOTHER Full maiden name <u>Catarina Garcia</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state	
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>35</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>28</u> (Years)
12. Birthplace (city or place) <u>Zacatecas, Mex</u> (State or country)		18. Birthplace (city or place) <u>Zacatecas, Mex.</u> (State or country)	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	

20. Number of children of this mother (a) Born alive and now living 5
(b) Born alive but now dead _____
(c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.)

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 1.00 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.
Given name added from a supplemental report

Signature C. M. Cron M.D. (Physician or midwife)
Address Miami, Arizona
Filed Jan 31, 1924 Local Registrar. C. E. Swin
Filed 2/5, 1924 County Registrar. B. W. Sca

Registrar. _____

199-113-371