

221

MARGIN RESERVED FOR BIRTH RECORD
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 *Cuba*

ARIZONA STATE BOARD OF HEALTH

1. County of _____
District of _____
Town of *Miami*
or
City of _____

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. *158*
County Registrar No. *71*
Local Registrar No. _____

2. Full name of child *Fructoso Carral*
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
; 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 _____ 5. No., in order of birth _____ 6. Legitimate? *yes* 7. Date of birth *January 21, 1924*
Month day year

8. FATHER
Full name *Bernardo Carral*
9. Residence (Usual place of abode) *Miami, Arizona*
If nonresident, give place and state

14. MOTHER
Full maiden name *Isabel Mendoza*
15. Residence (Usual place of abode) *Miami, Arizona*
If nonresident, give place and state

10. Color or race *Mexican*
11. Age at last birthday *21* (Years)

16. Color or race *Mexican*
17. Age at last birthday *20* (Years)

12. Birthplace (city or place) (State or country) *Mexican*

18. Birthplace (city or place) (State or country) *Mexico*

13. Occupation *miner*
Nature of industry *Copper*

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 *3*
(b) Born alive but now dead *0*
(c) Stillborn *0*

21. Were precautions taken against epithemia neonatorum? *yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *alive* at *3:30* 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 *J. T. Muller*
(Physician or midwife)
Address *Miami, Arizona*

Given name added from _____
a supplemental report _____
Month, day, year. Filed *Jan 31, 1924*
Local Registrar. *P. E. Brown*
County Registrar. *P. E. Brown*

Registrar.

633-121-941