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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.

MARGIN RESERVED FOR BIRTH RECORD
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of Yuma
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. 170
County Registrar No. 106
Local Registrar No. _____

2. Full name of child Elisa Huerta
(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 5

6. Legitimate? yes

7. Date of birth Jan. 24 1924
Month day year

8. FATHER		14. MOTHER	
Full name <u>Felipe Huerta</u>		Full maiden name <u>Adela Cabrera</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	
16. Color or race <u>Mex</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>Jalisco Mex</u> (State or country)		13. Birthplace (city or place) <u>Georgetown New 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 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(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 (Born alive or stillborn.) at 6:30 p. m. on the date above stated.

Signature C. M. Crow M.D. (Physician or midwife)
Address Miami, Arizona
Given name added from a supplemental report _____
Month, day, year _____

Filed Feb 29 1924 J. E. Jwin Local Registrar.
Filed 3/5 1924 B. S. Gray County Registrar.

Registrar.

581-124-136