

2114

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of _____

Town of _____

or Miami

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 188

County Registrar No. 014

Local Registrar No. _____

St. _____ Ward _____

No. 718 Sullivan St. (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child David Apodaca Jr. (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 Jan 31-1924 Month day year

8. FATHER Full name David Apodaca 14. MOTHER Full maiden name Julesa Perez

9. Residence (Usual place of abode) Miami Wrig 15. Residence (Usual place of abode) Miami Wrig
If nonresident, give place and state

10. Color or race Mexican 16. Color or race Mexican

11. Age at last birthday 29 (Years) 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Nogales Wrigona (State or country) 18. Birthplace (city or place) Mexico (State or country)

13. Occupation Laborer Nature of industry 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 2 (b) Born alive but now dead _____ (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 _____ at 9 a. on the date above stated. (Born alive _____)

*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 P. J. Jotepan (Physician or midwife)

Address _____ Filed Jan 31 1924 Local Registrar. P. J. Jotepan County Registrar. B. J. Jotepan

Given name added from _____ Month, day, year. _____ Registrar.

411-131-179

MARGIN RESERVED FOR BUREAU OF VITAL STATISTICS
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.