

1115

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132
County Registrar No. 133
Local Registrar No. _____

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)

2. Full name of child Laura Gallegos
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 7
6. Legitimate? yes
7. Date of birth Feb. 13-1924
Month day year

8. FATHER
Full name Miguel Gallegos
9. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state
10. Color or race Mex
11. Age at last birthday 37 (Years)
12. Birthplace (city or place) Aguaville
(State or country) New Mex
13. Occupation
Nature of industry Laborer

14. MOTHER
Full maiden name Magdalena Galvan
15. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state
16. Color or race Mex
17. Age at last birthday 27 (Years)
18. Birthplace (city or place) Chihuahua
(State or country) Mex.
19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 4
(b) Born alive but now dead 3
(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 4 A. 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 _____
Month, day, year. _____
Signature C. M. Crow M.D. (Physician or midwife)
Address Miami - Ariz.
Filed Feb 29 1924 _____
Filed 3-5-24 _____
Local Registrar. _____
County Registrar. _____

Registrar.

372-213-475

In order of birth stated.