1144

In order of birth stated. ... or each, and the number of each.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila

District of

Town of Miami Arizona Feb. 16.

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. 145

County Registrar No. 345

Local Registrar No.

2. Full name of child Julian Almaraz. } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy. | 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 Feb 16. 1924 (Month day year)

8. FATHER	14. MOTHER
Full name Florentino H. Almaraz.	Full maiden name Ladiglada Castañeda
9. Residence (Usual place of abode) Red Spring Cay. If nonresident, give place and state 115 Miami	15. Residence (Usual place of abode) Red Spring Cay If nonresident, give place and state 115 Miami
10. Color or race Mexican 11. Age at last birthday 28 (Years)	16. Color or race Mexican 17. Age at last birthday 24 (Years)
12. Birthplace (city or place) Saquatecas (State or country) Mexico	18. Birthplace (city or place) Sierra Mojada (State or country) Chihuahua
13. Occupation Nature of industry Operator	19. Occupation Nature of industry — —

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living Yes (b) Born alive but now dead ..... (c) Stillborn Yes

21. Were precautions taken against ophthalmia neonatorum?

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 5 a.m. on the date above stated.

*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 Rosa Cortez (Physician or midwife)

Address Mexican Canyon 136

Given name added from a supplemental report ..... Month, day, year.

Filed Apr 30 1924 C. E. Irwin Local Registrar.

Filed 5-18 1924 B. G. Fox County Registrar.

Registrar.

119-216-331