

in order of birth stated.

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

1. County of Mila State Index No. 150
District of _____ County Registrar No. 149
Town of Miami or _____ Local Registrar No. _____
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 Refugio Mesa 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 2 6. Legitimate? yes 7. Date of birth Feb. 19-1924
Month Day Year

8. FATHER Full name <u>Sebastian Mesa</u>		14. MOTHER Full maiden name <u>Felipe Gutierrez</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, Arizona</u> If nonresident, give place and state	
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>29</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) <u>Zacatecas Mex.</u> (State or country)		18. Birthplace (city or place) <u>Zacatecas 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 <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 9:45 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 evidence of life after birth.

Signature C. M. Crow M.D. (Physician or midwife)
Address Miami, Arizona

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

Filed Feb 29 1924 P. E. J. J. J. Local Registrar.
Filed 3-5 1924 B. J. J. J. County Registrar.

941-219-679