

12 11

in order of birth stated.

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

1. County of Maricopa
District of _____
Town of Miami
or _____
City of _____

2. Full name of child Interna Verumen
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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 6 6. Legitimate? yes 7. Date of birth Feb. 20-1924
Month Day Year

8. FATHER Full name <u>Pastor Verumen</u>		14. MOTHER Full maiden name <u>Linda Soriano</u>	
9. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state <u>Ariz.</u>		15. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and state <u>Ariz.</u>	
10. 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>31</u> (Years)
12. Birthplace (city or place) <u>Zacatecas</u> (State or country) <u>Mex.</u>		18. Birthplace (city or place) <u>Zacatecas</u> (State or country) <u>Mex.</u>	
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 6
(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 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 evidence of life after birth.

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

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

Filed Feb 31 1924 C. E. Irwin Local Registrar.
Filed 4-5 1924 B. J. O'Connell County Registrar.

Registrar. _____
County Registrar. _____

355-220-326