

1224

In order of birth stated.

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

1. County of Cocon
District of _____
Town of _____
or _____
City of Miami No. 15 Forest Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Beatrice Finbris (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 1st 6. Legitimate? Yes 7. Date of birth Feb-23-1924 Month day year

<p>8. FATHER Full name <u>Santiago Finbris</u> 9. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and state _____ 10. Color or race <u>Mexican</u> 11. Age at last birthday <u>25</u> (Years)</p>	<p>14. MOTHER Full maiden name <u>Francisca Fuente</u> 15. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and state _____ 16. Color or race <u>Mexican</u> 17. Age at last birthday <u>29</u> (Years)</p>
12. Birthplace (city or place) <u>Mazuth Ariz</u> (State or country)	18. Birthplace (city or place) <u>Criston Ariz</u> (State or country)
13. Occupation <u>Miner</u> Nature of industry	19. Occupation <u>Housewife</u> 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 4
(b) Born alive but now dead None
(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 alive or stillborn.) at 3:30 p.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.
Given name added from a supplemental report _____

Signature P. J. Doty (Physician or midwife)
Address Miami Arizona

Filed Feb 29 1924 P. E. Jira Local Registrar.
Filed 3-5 1924 B. G. Gray County Registrar.

262-223-665