1236

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 170
County Registrar No. 171
Local Registrar No. _____

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Miami
or
City of Miami No. 114 Red Spring St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Floria Meza — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Girl — 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. 24 1924 (Month, day, year)

8. FATHER
Full name: Cecilio Meza
9. Residence (Usual place of abode): Miami
If nonresident, give place and state _____
10. Color or race: Mexican
11. Age at last birthday: 43 (Years)
12. Birthplace (city or place) _____ (State or country): Mexico
13. Occupation: Miner
Nature of industry _____

14. MOTHER
Full maiden name: Serafina Reyzosa
15. Residence (Usual place of abode): Hidorio
If nonresident, give place and state _____
16. Color or race: Mexican
17. Age at last birthday: 25 (Years)
18. Birthplace (city or place) _____ (State or country): Mexico
19. Occupation: Housewife
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 7
(b) Born alive but now dead 0
(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 alive (Born alive or stillborn.) at 2[illegible] 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: C. A. Perkins (Physician or midwife)
Address: Miami Ariz

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

Filed Feb 29, 1924 C. E. Irvine Local Registrar.

Filed 3-5, 1924 B. G. Tia County Registrar.

_____ Registrar.

441-224-396

SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.