

21151

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Tila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Miami  
No. 1011 Sire East St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
2. Full name of child Ernesto D. Sara If child is not yet named, make supplemental report, as directed.

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137  
County Registrar No. 1266  
Local Registrar No. \_\_\_\_\_

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 \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Mar 9<sup>th</sup> 1924  
Month Day Year

8. FATHER  
Full name Juan D. Sara  
9. Residence (Usual place of abode) Miami  
If nonresident, give place and state Arizona  
10. Color or race Mexican  
11. Age at last birthday 34 (Years)  
12. Birthplace (city or place) Chiapas  
(State or country) Mexico  
13. Occupation Jeweler  
Nature of industry

14. MOTHER  
Full maiden name Rosana S. de Sampedo  
15. Residence (Usual place of abode) Miami  
If nonresident, give place and state Arizona  
16. Color or race Mexican  
17. Age at last birthday 26 (Years)  
18. Birthplace (city or place) Tuvaluahera  
(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 3 (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 Miss at 6:50 P m. on the date above stated.  
(Born alive or stillborn.)  
Signature Wm B. Hark (Physician or midwife)  
Address Miami, Arizona  
Given name added from a supplemental report \_\_\_\_\_ Filed April 30 1924 B. E. J. J. J. Local Registrar.  
Month, day, year. Filed 5-3 1924 B. M. J. J. County Registrar.  
Registrar.

531-309-926