

2113

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—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.

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

1. County of Gila State Index No. 149
District of _____ County Registrar No. 222
Town of Hill Street Miami Local Registrar No. _____
or _____
City of Lower Miami No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Diaz (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 1 6. Legitimate? _____ 7. Date of birth 3/12-1924
Month day year

8. FATHER Full name <u>Encasio Diaz</u>		14. MOTHER Full maiden name <u>Tita Archuleta</u>	
9. Residence (Usual place of abode) If nonresident, give place and state <u>Hill, st.</u>		15. Residence (Usual place of abode) If nonresident, give place and state <u>Hill st. Miami</u>	
10. Color or race <u>Spanish</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>Santander</u> (State or country) <u>Spain</u>	18. Birthplace (city or place) <u>Carrizozo N. Mex</u> (State or country) <u>New Mex</u>	19. Occupation <u>Laborer or miner</u> Nature of industry <u>house holder</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) <u>2</u> (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>the twins</u>		21. Were precautions taken against ophthalmia neonatorum? _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead (Born alive or stillborn.) at 9:50 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 evidences of life after birth.

Signature Encasio Diaz (Physician or midwife)
Address Miami
Given name added from a supplemental report _____
Month, day, year. 3/12-1924
Registrar. _____

Filed Mar 31, 1924 P. G. J. Miller Local Registrar.
Filed 4-5-24 V. G. Lopez County Registrar.

049-312-311