

2111

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 in order of birth stated.

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

PLACE OF BIRTH  
1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
City of Miami

No. 14 Live Oaks  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 151  
County Registrar No. 223  
Local Registrar No. \_\_\_\_\_

2. Full name of child Tomasa Magdalena  
(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 \_\_\_\_\_

6. Legitimate? Yes

7. Date of birth Mar-13-1924  
Month day year

8. FATHER Full name <u>Marcial Magdalena</u>		14. MOTHER Full maiden name <u>Feliciana Rubaleva</u>	
9. Residence (Usual place of abode) <u>Miami Ariz</u> If nonresident, give place and state		15. 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>45</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>35</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mexico</u> (State or country)	
13. Occupation <u>miner</u> Nature of industry		19. Occupation _____ Nature of industry <u>House wife</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 None  
(c) Stillborn 5

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 \_\_\_\_\_) at 2 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.  
Given name added from a supplemental report \_\_\_\_\_

Signature P. A. Jotys  
Address Miami Ariz  
C. E. Jovic  
Local Registrar.

Filed Mar 31 1924  
Filed 4-5 1924 B. E. Jox  
County Registrar.

346-313-191