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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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 174

County Registrar No. 243

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

No. 3021 La Fayette St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carmen Monge — 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: March 26 1924 (Month day year)

8. FATHER — Full name: Gregorio Monge

9. Residence (Usual place of abode): Miami, Arizona — If nonresident, give place and state

10. Color or race: Mexican

11. Age at last birthday: 28 (Years)

12. Birthplace (city or place) (State or country): Mexico

13. Occupation: Machine man — Nature of industry: Copper mining

14. MOTHER — Full maiden name: Rachela Reyes

15. Residence (Usual place of abode): Miami, Arizona — If nonresident, give place and state

16. Color or race: Mexican

17. Age at last birthday: 24 (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: 1
(b) Born alive but now dead: 0
(c) Stillborn: 0

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 8:15 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.

Signature: [signature] (Physician or midwife)

Address: Miami, Arizona

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

Filed Mch 31, 1924 C. E. Irvin Local Registrar.

Filed 4-5, 1924 B. G. Fox County Registrar.

Registrar.

345-326-992