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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

1. County of Yuma District of _____ Town of Miami or _____ City of _____ No. _____ St. _____ Ward _____

2. Full name of child Mmanuel Triets (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, ~~triplet~~ or other Twin 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth Feb. 27-1924 Month Day Year

8. FATHER Full name <u>Juan Triets</u>		14. MOTHER Full maiden name <u>Juana Gonzalez</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 Arizona</u> If nonresident, give place and state	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>35</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>27</u> (Years)
12. Birthplace (city or place) <u>Zacatecas Mex</u> (State or country)		18. Birthplace (city or place) <u>Zacatecas Mex</u> (State or country)	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</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 <u>5</u> (b) Born alive but now dead <u>3</u> (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn.) at 5:10 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 evidence of life after birth.

Signature E. M. Cron (Physician or midwife)
Address Miami, Arizona

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

Filed Feb 31 1924 O. E. Devin Local Registrar.
Filed 4-5 1924 C. E. Feaf County Registrar.

4136-327-179