

2126

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 Maricopa

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 192

County Registrar No. 260

Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Felez Barola (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. _____ 5. No., in order of birth 11 6. Legitimate? yes 7. Date of birth Mar. 31-1924
Month Day Year

8. FATHER
Full name Pedro Barola

14. MOTHER
Full maiden name Catalina Charrá

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

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

10. Color or race Mex 11. Age at last birthday 40 (Years)

16. Color or race Mex. 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Chihuahua
(State or country) Mex

18. Birthplace (city or place) Durango
(State or country) Mex

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

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 5
(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 born at 3 A. m. on the date above stated.
(Born alive or stillborn)

*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 Beryl M. Brown M.D.
(Physician or midwife)

Address Miami, Arizona.

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

Filed Mar 31, 1924 P. C. Dwin
Local Registrar.

Filed 4-5, 1924 B. S. Gray
County Registrar.

Registrar.

921-431-331