

55

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Cochise
District of _____
Town of _____
or
City of Douglas

State Index No. 39
County Registrar No. 377
Local Registrar No. _____
St. _____ Ward _____

2. Full name of child Dolores Palma
(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 Female
To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No. in order of birth you
6. Legitimacy _____
7. Date of birth Apr 11-24
Month day year

5. FATHER
Full name Pablo Palma

14. MOTHER
Full maiden name Pedra Mesa

2. Residence (Usual place of abode) Douglas
If nonresident, give place and state

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

16. Color or race Mex
11. Age at last birthday 34 (Years)

16. Color or race Mex
17. Age at last birthday 32 (Years)

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

18. Birthplace (city or place) Mexico
(State or country)

13. Occupation Refor
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 5
(b) Born alive but now dead 8
(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 female at 89 m. on the date above stated.
(Born alive or stillborn.)

Signature _____
Address _____
(Physician or midwife)

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

Filed 6/1 1924 _____
Local Registrar
Filed 6-7-24 _____
County Registrar

471-411-741

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.