[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151

County Registrar No. 305

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

No. Miami-Inspiration Hospital St. Ward

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

2. Full name of child Anita Cruz — 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 April 17. 1924 (Month Day Year)

8. FATHER

Full name José Cruz

9. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 29 (Years)

12. Birthplace (city or place)

(State or country) Mexico

13. Occupation Timberman helper

Nature of industry Copper mining

14. MOTHER

Full maiden name Pompesa Ybarra

15. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 20 (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 1

(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 9 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 F. Franciller (Physician ~~or midwife~~)

Address Miami, Arizona

Given name added from a supplemental report

Month, day, year.

Registrar.

Filed April 30, 1924 P. E. Dunn Local Registrar.

Filed 5-5, 1924 [illegible] County Registrar.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

139-417-781