

THIS IS A PERMANENT RECORD  
 MAKE PLAINLY WITH UNFADING INK—A SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.  
 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 <u>Gila</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>164</u>
District of <u>Globe</u>		ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>310</u>
Town of <u>Globe</u>		No. <u>County Hospital</u>		Local Registrar No. _____
or _____		St. _____		Ward _____
City of _____		(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.
2. Full name of child _____				
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate?	7. Date of birth
<u>Female</u>			<u>yes</u>	<u>April 20th 1924</u>
8. FATHER		14. MOTHER		
Full name <u>Elias Miramonte</u>		Full maiden name <u>Maria Munoz</u>		
9. Residence (Usual place of abode)		15. Residence (Usual place of abode)		
<u>El Paso Tex</u>		<u>Globe</u>		
16. Color or race		17. Age at last birthday		
<u>Mex.</u>		<u>19</u> (Years)		
11. Age at last birthday <u>34</u> (Years)		18. Birthplace (city or place)		
		<u>Mexico</u>		
12. Birthplace (city or place)		19. Occupation		
<u>Mex.</u>		<u>H.W.</u>		
13. Occupation		20. Number of children of this mother		
<u>Laborer</u>		(a) Born alive and now living <u>1</u>		
		(b) Born alive but now dead <u>0</u>		
		(c) Stillborn <u>0</u>		
		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 <u>alive</u> at <u>5:10 p.</u> 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 evidences of life after birth.		Signature <u>B. G. Jay</u>		
Given name added from a supplemental report _____		Address <u>Globe</u>		
Month, day, year. _____		(Physician or midwife)		
Registrar. _____		Filed <u>4-22</u> , 1924 <u>B. G. Jay</u>		
		Local Registrar.		
		Filed <u>5-6</u> , 1924 <u>B. G. Jay</u>		
		County Registrar.		

045-420-449