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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

State Index No. 175

County Registrar No. 322

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

No. 825 Live Oak St. Ward

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

2. Full name of child Anita Servantes

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 23-1924 (Month day year)

FATHER

8. Full name Nicolas Servantes

9. Residence (Usual place of abode) Miami Ariz

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Mexico

(State or country)

13. Occupation Miner

Nature of industry

MOTHER

14. Full maiden name Paola Martinez

15. Residence (Usual place of abode) Miami Ariz

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Mexico

(State or country)

19. Occupation

Nature of industry House wife

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 1

(c) Stillborn none

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 alive ~~or stillborn~~) at 8 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 evidences of life after birth.

Signature C. L. Jotef M.D. (Physician or midwife)

Address Miami Ariz

Given name added from a supplemental report

Month, day, year.

Filed April 30, 1924 C. E. Irvin Local Registrar.

Registrar.

Filed 5-5, 1924 B. G. Fox County Registrar.

122-423-749