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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. 179

County Registrar No. 323

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

District of .....

Town of Miami

or

City of ..... No. ..... St. ..... Ward

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

2. Full name of child George Escobedo } 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 ..... | 6. Legitimate? Yes | 7. Date of birth April 24-1924 (Month day year)

8. FATHER	14. MOTHER
Full name Jose Escobedo	Full maiden name Josepha Loya
9. Residence (Usual place of abode) Miami If nonresident, give place and state	15. Residence (Usual place of abode) Miami If nonresident, give place and state
10. Color or race Mexican	16. Color or race Mexican
11. Age at last birthday 31 (Years)	17. Age at last birthday 25 (Years)
12. Birthplace (city or place) Mexico (State or country)	18. Birthplace (city or place) Mexico (State or country)
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 4
(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 ..... at 8 P. 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 evidences of life after birth.

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

Address .....

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

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

Registrar.

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

556-424-131