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INK RESERVED FOR BINDING
 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. 120
County Registrar No. 354
Local Registrar No. _____

PLACE OF BIRTH

1. County of Casa
 District of Miami
 Town of _____
 or
 City of _____ No. Lower Canyon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carmen Magdalena
 (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 May 6 - 1924
 Month day year

3. FATHER Full name <u>Andreas Magdalena</u>		14. MOTHER Full maiden name <u>Maria Chavez</u>	
9. Residence (Usual place of abode) <u>Lower Miami</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Lower Miami</u> If nonresident, give place and state	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>23</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Fal. Pass</u> (State or country) <u>Texas</u>	
13. Occupation <u>miner</u> Nature of industry		19. Occupation <u>House wife</u> 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 <u>2</u> (b) Born alive but now dead <u>None</u> (c) Stillborn <u>None</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 _____ at 109 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 P. J. Dotson (Physician or midwife)
 Address _____
 Given name added from _____
 supplemental report _____ Month, day, year.

Filed May 31 1924 _____ Local Registrar.
 Filed 6-6 1924 _____ County Registrar.

341-506-439