

11151

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, and the number of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Pima State Index No. 126
 District of _____ County Registrar No. 389
 Town of Missou Local Registrar No. _____
 or _____ No. Turkey Shout St. Paul Ward _____
 City of _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Antonio Aranda } 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. 1 5. No., in order of birth. 1 6. Legitimate? Yes 7. Date of birth 8 18 24
 Month day year

<p>8. FATHER Full name <u>Petronilo Aranda</u></p> <p>9. Residence (Usual place of abode) <u>Missou</u> If nonresident, give place and state</p> <p>10. Color or race <u>Wm</u></p> <p>11. Age at last birthday <u>29</u> (Years)</p> <p>12. Birthplace (city or place) <u>Missou</u> (State or country)</p> <p>13. Occupation Nature of industry <u>Miner</u></p>	<p>14. MOTHER Full maiden name <u>Patrocinia Garcia</u></p> <p>15. Residence (Usual place of abode) <u>Missou</u> If nonresident, give place and state</p> <p>16. Color or race <u>Wm</u></p> <p>17. Age at last birthday <u>22</u> (Years)</p> <p>18. Birthplace (city or place) <u>U.S.</u> (State or country)</p> <p>19. Occupation Nature of industry <u>Housewife</u></p>
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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 2
 (b) Born alive but now dead 0
 (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 at 7:00 a.m. on the date above stated.
 (Born alive or stillborn.)

Signature C. A. Beck (Physician or midwife)
 Address Missou
 Filed May 31, 1928 C. E. Brown Registrar.
 Filed 6-6 1924 B. S. Gray County Registrar.

Registrar. _____

111-510-771