1154

MARGIN 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. 179

County Registrar No. 437

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

District of .....

Town of Claypool

or

City of ..... No. Warrior Canyon St. ..... Ward

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

2. Full name of child Francisco Revera — 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 May-31-1924 (Month day year)

8. FATHER	14. MOTHER
Full name Delfino Revera	Full maiden name Rosaria Bracamonte
9. Residence (Usual place of abode) Claypool Ariz. If nonresident, give place and state	15. Residence (Usual place of abode) Claypool Ariz. If nonresident, give place and state
10. Color or race Mexican — 11. Age at last birthday 47 (Years)	16. Color or race Mexican — 17. Age at last birthday 35 (Years)
12. Birthplace (city or place) Mexico (State or country)	18. Birthplace (city or place) Globe Ariz. (State or country)
13. Occupation Nature of industry Merchant	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 6
(b) Born alive but now dead 2
(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 7:30 a.m. on the date above stated.
(Born alive or ~~[illegible]~~)

*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. Jolet M.D. (Physician or midwife)

Address Miami Ariz.

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

Filed May 31, 1924 C. E. Irwin Local Registrar.

Filed 6-6, 1924 B. G. Lin County Registrar.

Registrar.

691-531-925