

1156

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____
 No. 86 Miami Ave St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 180
 County Registrar No. 438
 Local Registrar No. _____

2. Full name of child _____

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 31, 1924
 Month day year

8. FATHER
 Full name Juan Garcia
 9. Residence (Usual place of abode) Miami, Ariz
 If nonresident, give place and state _____

14. MOTHER
 Full maiden name Marcelina Rubalcava
 15. Residence (Usual place of abode) Miami, Ariz
 If nonresident, give place and state _____

10. Color or race Mexican 11. Age at last birthday 20 (Years)

16. Color or race Mexican 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico

18. Birthplace (city or place) _____
 (State or country) Mexico

13. Occupation Timberman
 Nature of industry Copper mining

19. Occupation Housewife
 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 0
 (b) Born alive but now dead 0
 (c) Stillborn 1

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 Stillborn at 2:30 A. 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 J. J. [unclear] (Physician or midwife)
 Address Miami, Ariz
 Given name added from _____
 supplemental report _____
 Month, day, year. _____
 Registrar. _____
 Filed May 31, 1924 _____ Local Registrar.
 Filed 6-6, 1924 _____ County Registrar.

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.

071-531-491