

11 14

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Cochise

District of _____

Town of Pittsleville Ariz

or _____

City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 36a

County Registrar No. _____

Local Registrar No. _____

2. Full name of child Demitila Robles { 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 June 12 - 1924 Month Day Year

8. FATHER Full name Narciso Robles 9. Residence (Usual place of abode) Pittsleville Ariz If non-resident, give place and state.

14. MOTHER Full maiden name Margarita Lopez 15. Residence (Usual place of abode) Pittsleville, Ariz. If non-resident, give place and state.

10. Color or race Spanish 11. Age at last birthday 36 (Years)

16. Color or race Spanish 17. Age at last birthday 36 (Years)

12. Birthplace (city or place) Quincy So. Mex. (State or country)

18. Birthplace (city or place) Hermosillo So. Mex. (State or country)

13. Occupation Nature of industry Laborer

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 2 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? no.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 9 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 evidence of life after birth.

Signature Felicitate de Franco (Physician or midwife)

Address Pittsleville, Arizona (Ben Del)

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

Filed 4/25, 1925 Local Registrar. [Signature]

Registrar

Filed _____, 19____

County Registrar.

492-612-482