

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.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>		State Index No. <u>131</u>	County Registrar No. <u>455</u>
or _____		Local Registrar No. _____	
City of _____		No. <u>E-28 Davis Canyon</u> St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Pentecosta Cruz</u>			
If child is not yet named, make supplemental report, as directed.			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate?
<u>female</u>			<u>yes</u>
6. Date of birth <u>June 8, 1924</u>		7. No., in order of birth _____	
Month day year			
8. FATHER		14. MOTHER	
Full name <u>Francisco Cruz</u>		Full maiden name <u>Petra Estrada</u>	
9. Residence (Usual place of abode) <u>Miami Arizona</u>		15. Residence (Usual place of abode) <u>Miami, Arizona</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>34</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>El Paso Texas</u>	
13. Occupation <u>miner</u> Nature of industry <u>Copper mining</u>		19. Occupation <u>Housewife</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.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>5</u>		<u>yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>11:10 A.M.</u> 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 <u>J. J. Miller</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
Month, day, year _____		Filed <u>June 30 1924</u>	
Registrar. _____		Local Registrar. <u>C. E. Miller</u>	
		County Registrar. <u>B. G. Miller</u>	

739-608-751