1454

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. 133

County Registrar No. 523

Local Registrar No. _____

PLACE OF BIRTH

1. County of Gila

District of 19

Town of Miami

or

City of _____ No. _____ St. _____ Ward

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

2. Full name of child Ramona Saenz — 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 (Month) 10 (day) 1924 (year)

FATHER	MOTHER
8. Full name: Alfredo Saenz	14. Full maiden name: Paula Padilla
9. Residence (Usual place of abode) If nonresident, give place and state: Warrior Canyon	15. Residence (Usual place of abode) If nonresident, give place and state: Warrior Canyon
10. Color or race: Mexican — 11. Age at last birthday: 23 (Years)	16. Color or race: Mexican — 17. Age at last birthday: 18 (Years)
12. Birthplace (city or place): Parral (State or country): Chi. Mex.	18. Birthplace (city or place): Juarez City (State or country): Mex.
13. Occupation: Nature of industry: Miner	19. Occupation: 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: One
(b) Born alive but now dead _____
(c) Stillborn _____

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 born alive (Born alive or stillborn.) at 11:30 P.M. on the date above stated.

*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: Juana de Martinez (Physician or midwife)

Address: Claypool Arizona

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

Filed July 31, 1924 — C. E. Irwin, Local Registrar.

Filed AUG 5, 1924 — B. S. Fox, County Registrar.

_____ Registrar.

929-610-771