

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**

PLACE OF BIRTH  
 1. County of Tula  
 District of \_\_\_\_\_  
 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)

State Index No. 149  
 County Registrar No. 479  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Dahlia Cruz

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 3  
 6. Legitimate yes  
 7. Date of birth June 14-1924  
 Month day year

FATHER		MOTHER	
8. Full name <u>Cenovio Cruz</u>	14. Full maiden name <u>Eugenia Dominguez</u>	9. Residence (Usual place of abode) <u>Miami Ariz.</u>	15. Residence (Usual place of abode) <u>Miami Ariz.</u>
10. Color or race <u>Mex</u>	16. Color or race <u>Mex</u>	11. Age at last birthday <u>37</u> (Years)	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>Sonora Mex</u>	18. Birthplace (city or place) <u>Cochise Ariz.</u>	13. Occupation <u>Miner</u>	19. Occupation <u>Housewife</u>
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? <u>Yes</u>	
(a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ 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 D. M. Crow M.D. (Physician or midwife)  
 Address Miami, Arizona  
 Filed June 30 1924  
 Local Registrar C. E. Don  
 Filed JUL 6 1924  
 County Registrar B. J. O'Keefe

Registrar.

439-614-549