1982

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. 153

County Registrar No. 477

Local Registrar No. ____

PLACE OF BIRTH

1. County of Gila

District of ____

Town of Miami

or

City of ____ No. 99 Chisholm St. ____ Ward

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

2. Full name of child Tempara Gallegos } 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 14 1924 (Month day year)

8. FATHER	14. MOTHER
Full name Labro Gallegos	Full maiden name Ambrosia Amaraz
9. Residence (Usual place of abode) Miami, Arizona If nonresident, give place and state	15. Residence (Usual place of abode) Miami, Arizona If nonresident, give place and state
10. Color or race Mexican 11. Age at last birthday 26 (Years)	16. Color or race Mexican 17. Age at last birthday 30 (Years)
12. Birthplace (city or place) ____ (State or country) Mexico	18. Birthplace (city or place) ____ (State or country) Mexico
13. Occupation Miner Nature of industry Copper	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 4
(b) Born alive but now dead 2
(c) Stillborn 0

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 alive (Born alive or stillborn.) at 6:15 a.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 F. F. Mellen (Physician ~~or midwife~~)

Address Miami, Arizona

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

Filed June 30 1924 C. E. Brown Local Registrar.

____ Registrar.

Filed JUL 6 1924 B. G. Lay County Registrar.

372-614-112