1444

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. 163

County Registrar No. 486

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

No. 403 Indian Ave., St. Ward

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

2. Full name of child Ciriaca Delgado } 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 19, 1924 (Month day year)

FATHER

8. Full name Ricardo Delgado

9. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

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

12. Birthplace (city or place) (State or country) Mexico

13. Occupation Miner

Nature of industry Copper

MOTHER

14. Full maiden name Rosaria Moriel

15. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

16. Color or race Mexican 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) (State or country) Mexico

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 6
(b) Born alive but now dead 0
(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 at 6:15 P.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 F. F. Miller (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report

Month, day, year.

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

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

Registrar.

346-619-943