

21111

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 Hila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 165  
County Registrar No. 490  
Local Registrar No. \_\_\_\_\_

2. Full name of child Manuel Diaz  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. 8 5. No., in order of birth 8 6. Legitimate yes 7. Date of birth June 19-1924  
Month day year

3. FATHER  
Full name Genovivo Diaz

14. MOTHER  
Full maiden name Librada Portilla

9. Residence (Usual place of abode) Miami  
If nonresident, give place and state Ariz.

15. Residence (Usual place of abode) Miami  
If nonresident, give place and state Arizona

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

16. Color or race Mex 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Jalisco  
(State or country) Mex

18. Birthplace (city or place) Chihuahua  
(State or country) Mex

13. Occupation  
Nature of industry miner

19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.) 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 (Born alive or stillborn) at 2 A. m. on the date above stated.

Signature C. M. Crow M.D. (Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. Filed June 30, 1924 Local Registrar. P. E. Jones  
Filed JUL 6, 1924 County Registrar. R. J. Gray

449-619-371