

# Please Note: Document(s) Repeated Intentionally

WRITE FULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 <u>Gila</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>		State Index No. <u>137</u>	
or _____		County Registrar No. <u>549</u>	
City of _____		Local Registrar No. _____	
No. _____		St. _____ Ward _____	
(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.	
2. Full name of child <u>Cruz Frederico Hurtado</u>			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Legitimate or other	6. Legitimate
<u>Male</u>		<u>yes</u>	<u>yes</u>
5. No., in order of birth <u>5</u>		7. Date of birth <u>July 14-1924</u>	
		Month day year	
3. FATHER		14. MOTHER	
Full name <u>Cruz Hurtado</u>		Full maiden name <u>Broula Monarez</u>	
9. Residence (Usual place of abode) <u>Died Nov. 30, Miami, Ariz., 1923.</u>		15. Residence (Usual place of abode) <u>Miami Ariz.</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Mex.</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>28</u> (Years)		17. Age at last birthday <u>27</u> (Years)	
12. Birthplace (city or place) <u>Talisco, Mex.</u>		18. Birthplace (city or place) <u>Durango Mex</u>	
(State or country)		(State or country)	
13. Occupation		19. Occupation	
Nature of industry <u>Miner</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother		21. Were precautions taken against phthia neonatorum?	
(Taken at time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>5</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 <u>born</u> at <u>3 A</u> 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 <u>Byril M. Brown M.D.</u>	
Given name added from _____		(Physician or midwife)	
Month, day, year. _____		Address <u>Miami, Arizona</u>	
Registrar. _____		Filed <u>July 31, 1924</u>	
		Local Registrar. <u>C. E. ...</u>	
		Filed <u>AUG 5 1924</u>	
		County Registrar. <u>B. J. ...</u>	

386-714-249