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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 Gila
District of Miami
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. 123
County Registrar No. 548
Local Registrar No. _____

2. Full name of child Refugio Marquez
3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth July 4 - 1924
Month day year

5. FATHER Full name <u>Mercedes Marquez</u> Residence (Usual place of abode) <u>me c 7064</u> If nonresident, give place and state _____ Color or race <u>me</u> Age at last birthday <u>40</u> (Years)		14. MOTHER Full maiden name <u>Refugio de Linda</u> Residence (Usual place of abode) <u>me c 7064</u> If nonresident, give place and state _____ Color or race <u>me</u> Age at last birthday <u>24</u> (Years)	
12. Birthplace (city or place) <u>San Juan de los Rios Jalisco Mex.</u> (State or country)		18. Birthplace (city or place) <u>San Juan de los Rios Jalisco Mex.</u> (State or country)	
13. Occupation Nature of industry <u>Farmer</u>		19. Occupation Nature of industry <u>House Wife</u>	

20. Number of children of this mother (a) Born alive and now living 3
(b) Born alive but now dead 1
(c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against Yes
thallia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born July 4 at 9 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.
Given name added from a supplemental report _____
Month, day, year.

Signature Rosa Cortez (Physician or midwife)
Address Sullivan St 8th
Filed July 31, 1924 C. G. Dean Local Registrar.
Filed AUG 5, 1924 B. J. Gray County Registrar.

Registrar.

949-704-911