

2111

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 Yuma
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 133
County Registrar No. 588
Local Registrar No. _____

2. Full name of child Cristo Alarcon
(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. Twin, triplet or other _____ 5. No., in order of birth 8 6. Legitimate? yes 7. Date of birth July 10-1924
month day year

8. FATHER
Full name Ramon Alarcon
9. Residence (Usual place of abode) Miami Ariz.
If nonresident, give place and state

14. MOTHER
Full maiden name Juliana Lopez
15. Residence (Usual place of abode) Miami Ariz.
If nonresident, give place and state

16. Color or race Mex. 11. Age at last birthday 29 (Years)

16. Color or race Mex. 17. Age at last birthday 26 (Years)

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

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

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

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 3 (b) Born alive but now dead 0 (c) Stillborn _____ 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 8 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 Cyril M. Brown M.D. (Physician or midwife)
Address _____

Given name added from a supplemental report _____
Month, day, year. Filed Aug 31 1924 P. G. Durr Local Registrar.
Filed 9-5 1924 A. G. Gray County Registrar.

515-710-139