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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

1. County of Cocon
District of Miami
Town of Miami
or
City of _____ No. 93 Red Spring Canyon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 134
County Registrar No. 547
Local Registrar No. _____

2. Full name of child Antonia Jill
(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 1st

6. Legitimate? _____
7. Date of birth July-10-1924
Month day year

8. FATHER		14. MOTHER	
Full name <u>Isidro Jill</u>		Full maiden name <u>Maria Ruiz</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami Ariz.</u> If nonresident, give place and state	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>35</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>37</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mexico</u> (State or country)	
13. Occupation <u>Laborer</u> Nature of industry		19. Occupation <u>Housewife</u> 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 <u>4</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ 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 _____
supplemental report _____
Month, day, year.

Signature _____
Address _____
Local Registrar _____
County Registrar _____

Filed July 31 1924
Filed AUG 5 1924

Registrar. _____

113-710-499