

2117

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 Mila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 141

County Registrar No. 352

Local Registrar No. _____

2. Full name of child Marcelino De La Piva
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 9
6. Legitimate? yes
7. Date of birth July 17-1924
Month day year

8. FATHER
Full name Catarino De La Piva
14. MOTHER
Full maiden name Pasquala De La Piva

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

10. Color or race Mex
11. Age at last birthday 34 (Years)
16. Color or race Mex
17. Age at last birthday 34 (Years)

12. Birthplace (city or place) Zacatecas Mex
(State or country)
18. Birthplace (city or place) Zacatecas Mex
(State or country)

13. Occupation
Nature of industry Timber man
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 _____
(c) Stillborn _____
21. Were precautions taken against yes
cephalothalmsia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born at 11:30 m. on the date above stated.
(Born alive or stillborn)

Signature Eyril M. Brown M.D.
(Physician or midwife)
Address Miami, Ariz

Given name added from a supplemental report _____
Month, day, year. _____
Filed July 31, 1924
Filed AUG 5, 1924
Local Registrar. C. S. Brown
County Registrar. B. J. Gray

441-717-741