[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 104
County Registrar No. 007
Local Registrar No.

PLACE OF BIRTH

1. County of Gila
District of
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)

2. Full name of child Rosa Maria Muro — 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 3
6. Legitimate? Yes
7. Date of birth Aug. 3 1924. (Month, day, year)

8. FATHER
Full name Eugenio C. Muro
9. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz.
10. Color or race Mex.
11. Age at last birthday 27 (Years)
12. Birthplace (city or place) Aguas Calientes
(State or country) Mex.
13. Occupation
Nature of industry Millman

14. MOTHER
Full maiden name Julia Estrada
15. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz.
16. Color or race Mex
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Durango
(State or country) Mex
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 .....
(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 10 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. Crow (Physician ~~or midwife~~)
Address Miami, Ariz.

Given name added from a supplemental report ..... Month, day, year.

Filed Aug 31, 1924 — E. E. Inn, Local Registrar.

Filed 9-5 1924 — B. Y. Jones, County Registrar.

Registrar.

946-803-151

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.

SPACE RESERVED FOR BINDING