

MARGIN RESERVED FOR BINDING
 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 Seton
 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)

State Index No. 135
 County Registrar No. 687
 Local Registrar No. _____

2. Full name of child Pedro Magaña
 3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No. in order of birth _____ 6. Legitimate? yes 7. Date of birth 8-13-24
 Month day year

FATHER		MOTHER	
8. Full name	<u>Pedro Magaña</u>	14. Full maiden name	<u>Ines Garcia</u>
9. Residence (Usual place of abode)	<u>Miami</u>	15. Residence (Usual place of abode)	<u>Miami</u>
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race	<u>Mexican</u>	16. Color or race	<u>Mexican</u>
11. Age at last birthday <u>26</u> (Years)		17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place)	<u>Mexico</u>	18. Birthplace (city or place)	<u>Mexico</u>
(State or country)		(State or country)	
13. Occupation	<u>Miner</u>	19. Occupation	<u>House work</u>
Nature of industry		Nature of industry	
20. Number of children of this mother certified and including this child.	(a) Born alive and now living <u>2</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 alive (Born alive or stillborn.) at 10 p.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 C. A. Perkins (Physician or midwife)
 Address Mission, Arizona
 Filed Aug 31 1924 Local Registrar C. E. Boyd
 Filed 9-5 1924 County Registrar B. G. Jia

741-813-971