

1158

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
1. County of Casa  
District of \_\_\_\_\_  
Town of Meau  
or \_\_\_\_\_  
City of \_\_\_\_\_ No. 28 Davis Canyon (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward \_\_\_\_\_

State Index No. 140  
County Registrar No. 668  
Local Registrar No. \_\_\_\_\_

2. Full name of child Marica Durazo } 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 \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Aug 15 1924  
Month day year

FATHER		MOTHER	
8. Full name <u>Augustine Durazo</u>	14. Full maiden name <u>Pasquala Douglas</u>	9. Residence (Usual place of abode) <u>Meau Ariz</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Meau Ariz</u> 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>24</u> (Years)	17. Age at last birthday <u>25</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>Miner</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>1</u> (b) Born alive but now dead <u>None</u> (c) Stillborn <u>None</u>		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 5 P. 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 a supplemental report \_\_\_\_\_  
Month, day, year.

Signature P. J. Jotepud (Physician or midwife)  
Address Meau Arizona  
Filed Sept 30 1924 Local Registrar R. E. Smith  
Filed 10-6 1924 County Registrar R. E. Smith

Registrar. 446-815-742

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.