

1166

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, stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Hila
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. 147
County Registrar No. 689
Local Registrar No. _____

2. Full name of child Maria Gamboa
(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. 1

6. Legitimate? yes

7. Date of birth Aug. 17-1924
Month day year

8. FATHER Full name <u>Jose Gamboa</u>		14. MOTHER Full maiden name <u>Matilda Marcial</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>Mex</u>	11. Age at last birthday <u>34</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>25</u> (Years)
18. Birthplace (city or place) <u>Zacatecas Mex.</u> (State or country)		19. Occupation <u>Housewife</u>	
20. Nature of industry <u>Miner</u>		21. Were precautions taken against thalimia neonatorum? <u>yes</u>	

12. Number of children of this mother (a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____

13. Date taken as of time of birth of child herein (certified and including this child.) _____

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

Signature Cyril M. Lerow M.D.
(Physician or midwife)
Address Miami, Ariz.

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

Filed Sept 30, 1924
Filed 10-6-1924

Registrar. _____
County Registrar. _____

471-817-443