1203

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

State Index No. 176

County Registrar No. 698

Local Registrar No. ____

PLACE OF BIRTH

1. County of Gila

District of ____

Town of Miami

or

City of Miami City No. 115 Red Spring Cayon St. ____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Francisco Rubio — 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 ____ 6. Legitimate? yes 7. Date of birth 8-27-24 (Month day year)

FATHER	MOTHER
8. Full name: Agustin Rubio	14. Full maiden name: Concepcion Flores
9. Residence (Usual place of abode): 115 Red Spring Cayon	15. Residence (Usual place of abode): 115 Red spring Cayon
If nonresident, give place and state	If nonresident, give place and state
10. Color or race: Mexican — 11. Age at last birthday 28 (Years)	16. Color or race: Mexican — 17. Age at last birthday 20 (Years)
12. Birthplace (city or place): San Bernardo — (State or country): Chig. Mex.	18. Birthplace (city or place): Morenci City — (State or country): U.S.A.
13. Occupation — Nature of industry: Miner	19. Occupation — Nature of industry: House Wife

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 2
(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 alive at 12:05 a.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.

Signature Rosa Cortez (Physician or midwife)

Address 810 Sullivan St.

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

Filed Sept 30, 1924 C. E. Irvin Local Registrar.

Registrar.

Filed 10-6, 1924 B. G. Jia County Registrar.

196-827-342