

2121

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

PLACE OF BIRTH
1. County of Yuma
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. 114A
County Registrar No. 931
Local Registrar No. _____

2. Full name of child Antonia Contreras
(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 Sept. 2, 1924
Month Sept day 2 year 1924

8. FATHER		14. MOTHER	
Full name <u>Antonio Contreras</u>		Full maiden name <u>Magdalena Martinez</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>27</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>19</u> (Years)
12. Birthplace (city or place) <u>Jalisco, Mex.</u> (State or country)		18. Birthplace (city or place) <u>Jalisco, Mex.</u> (State or country)	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</u>	
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 _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*30

I hereby certify that I attended the birth of this child, who was born at 11 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 Byril M. Brown M.D.
(Physician or midwife)
Address Miami, Arizona

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

Filed Dec 31, 1924 _____ Local Registrar.
Filed 1-5, 1925 B. J. Joy County Registrar.

Registrar.

132-902-449