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

PLAGE OF BIRTH Pila

1. County of Pila State Index No. 125
 District of Lower Miami County Registrar No. 9710
 Town of Miami Local Registrar No. _____
 or _____
 City of _____ No. 27 Grover Canyon St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Nicholasa Medina } 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. _____ 6. Legitimate? yes 7. Date of birth September 10 1924
 Month day year

8. FATHER Full name <u>Feliciano Medina</u>		14. MOTHER Full maiden name <u>Analia De la Riva</u>	
9. Residence (Usual place of abode) <u>(Lower) Miami Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>(Lower) Miami Arizona</u> If nonresident, give place and state	
10. Color or race <u>mexican</u>	11. Age at last birthday <u>33</u> (Years)	16. Color or race <u>mexican</u>	17. Age at last birthday <u>28</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>Laborer Copper smelter</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 4
 (b) Born alive but now dead 1
 (c) Stillborn 0

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 alive at 2:45 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.

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

Signature J. J. Miller (Physician or midwife)
 Address Miami, Arizona
 Filed Apr 30 1924 _____ Local Registrar.
 Filed 10-6 1924 _____ County Registrar.

Registrar. County Registrar.

511-910-111