

21111

In order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 169

County Registrar No. 949-740

Local Registrar No. _____

No. 802 Live Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus Jaurez 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. 1 6. Legitimate. yes 7. Date of birth Sept. 25-1924 Month Sept. day 25 year 1924

8. FATHER Full name Julian Jaurez

14. MOTHER Full maiden name Elisa De La Fuente

9. Residence (Usual place of abode) Miami Ariz. If nonresident, give place and state

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10. Color or race Mex. 11. Age at last birthday 24 (Years)

16. Color or race Mex. 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Coahuila Mex. (State or country)

18. Birthplace (city or place) Prescott Ariz. (State or country)

13. Occupation Nature of industry Motor man

19. Occupation Nature of industry Housewife

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 1 (b) Born alive but now dead _____ (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE'S
I hereby certify that I attended the birth of this child, who was born at 9 A. m. on the date above stated. (Born alive or stillborn.)

Signature Byril M. Brown M.D. (Physician or midwife)

Address Miami, Ariz. Filed Sept 30 1924 Local Registrar.

Given name added from a supplemental report _____ Month, day, year. Filed 10-6 1924 R. E. Davis County Registrar.

Registrar.

County Registrar.

119-925-545