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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 109
County Registrar No. 782
Local Registrar No.

PLACE OF BIRTH
1. County of Gila
District of 19
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)

2. Full name of child Baby Galvez
If child is not yet named, make supplemental report, as directed.

3. Sex of Child girl
To be answered ONLY in event of plural births.
4. Twin, triplet or other fanamenon
5. No., in order of birth
6. Legitimate? yes
7. Date of birth Oct. 2 1924 (Month day year)

FATHER
8. Full name Rafael Galvez.
9. Residence (Usual place of abode) Grover
If nonresident, give place and state Canyon
10. Color or race Mexican
11. Age at last birthday 42 (Years)
12. Birthplace (city or place) Plateros
(State or country) Sacatecoz
13. Occupation
Nature of industry Minor

MOTHER
14. Full maiden name Ramona Lara
15. Residence (Usual place of abode) Grover
If nonresident, give place and state Canyon
16. Color or race Mexican
17. Age at last birthday 33 (Years)
18. Birthplace (city or place) Jalpa
(State or country) Sacatecoz
19. Occupation
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 3
(b) Born alive but now dead 2
(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 at 8 a.m. on the date above stated.
(Born alive [redacted].)

*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 Juana Martinez (Physician or midwife)
Address Clay Pool Arizona

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

Filed Oct 31, 1924 C. E. Owen Local Registrar.
Filed 11-5 1924 B. G. Day County Registrar.

Registrar.

079-1002-931

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD