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

1. County of Gila State Index No. 124  
District of \_\_\_\_\_ County Registrar No. 849  
Town of Miami Ariz Local Registrar No. \_\_\_\_\_  
or \_\_\_\_\_  
City of Miami Ariz No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

2. Full name of child Leonicio Meraz } If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_ 7. Date of birth Oct. 9 1924  
Month day year

8. FATHER Full name <u>Antonio Meraz</u>		14. MOTHER Full maiden name <u>Lovina Chavez</u>	
9. Residence (Usual place of abode) If nonresident, give place and state <u>Winkelman Canyon</u>		15. Residence (Usual place of abode) If nonresident, give place and state <u>Winkelman Canyon</u>	
10. Color or race <u>Red</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>Red</u>	17. Age at last birthday <u>27</u> (Years)
12. Birthplace (city or place) <u>Santa Rosalia Chih.</u> (State or country) <u>Mex.</u>		18. Birthplace (city or place) <u>Wilcox Ariz.</u> (State or country)	
13. Occupation Nature of industry <u>Labor</u>		19. Occupation Nature of industry <u>Domestic</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 3  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn 3

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was live (Born alive or stillborn.) at 5 P. on the date above stated.

\*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 Verenta Entierres (Physician or midwife)  
Address Gover Canyon, Miami Ariz  
Given name added from a supplemental report Oct. 9 1924 Month, day, year.  
Filed Nov 30 1924  
Local Registrar B. E. Owen  
County Registrar B. E. Owen

449-1009-739

N. B.—In case of doubt, consult printed instructions.