

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 125

County Registrar No. 794

Local Registrar No. _____

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Miami
or
City of _____

No. 3327 Loomis Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ophelia Juarez
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 Yes
6. Legitimate? Yes
7. Date of birth Oct-10-1924
Month day year

8. FATHER
Full name Rosael Juarez
9. Residence (Usual place of abode) Miami Ariz
If nonresident, give place and state

14. MOTHER
Full maiden name Antonina Perez
15. Residence (Usual place of abode) Miami Ariz
If nonresident, give place and state

10. Color or race Mexican
11. Age at last birthday 28 (Years) Mexican

16. Color or race _____
17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) Mexico
(State or country)

13. Occupation Mower
Nature of industry

19. Occupation Housewife
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 none

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 100 m. on the date above stated.
(Born alive ~~conscientiously~~.)

Signature R. J. Jotepko
(Physician or midwife)

Address Miami Ariz
Local Registrar.

Filed Oct 31 1924
Filed 11-5 :24 A. B. Gray
County Registrar.

WRITE PLAINLY WITH UNFADING INK. SEPARATE RETURN must be made for each, and the number at order of birth center.

636-1010-179