CERTIFICATE AMENDED Item 2 first name entry middle name Corr, item 18 first name added, item 8 first name Corr, by Affidavit of registrant and Baptismal Record (77-69 bms)

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131

County Registrar No. 798

Local Registrar No.

1. County of Gila

District of

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 Maria Justina ~~Justina~~ Diaz — 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

6. Legitimate: yes

7. Date of birth Oct. 12-1924. (Month day year)

8. FATHER

Full name Melchiades ~~Merciades~~ Diaz

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

10. Color or race: Mex

11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Jalisco

(State or country) Mex

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Maria Justina Garcia

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Ariz.

16. Color or race: Mex

17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Jalisco

(State or country) Mex

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 6

(b) Born alive but now dead

(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 (Born alive ~~or stillborn~~) at 3 A. m. 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 Cyril M. Crow M.D. (Physician ~~or midwife~~)

Address Miami, Arizona

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

Filed Oct 31, 1924 C. E. Twin Local Registrar.

Registrar.

Filed 11-5, 1924 B. G. Lee County Registrar.

449-1012-471

WRITE PLAINLY WITH UNFADING

N. B.—In case of more than one child at a birth, a SEPARATE R... in order of birth