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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139
County Registrar No. 807
Local Registrar No. .....

PLACE OF BIRTH
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 Teresa Medina } 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 5 | 6. Legitimate. yes | 7. Date of birth Oct. 16, 1924. (Month day year)

8. FATHER
Full name Antonio Medina
9. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz.
10. Color or race Mex.
11. Age at last birthday 30 (Years)
12. Birthplace (city or place) Zacetecas
(State or country) Mex
13. Occupation
Nature of industry Laborer

14. MOTHER
Full maiden name Manuela De La Riva
15. Residence (Usual place of abode) Miami.
If nonresident, give place and state Arizona
16. Color or race Mex.
17. Age at last birthday 20 (Years)
18. Birthplace (city or place) Zacetecas
(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 5
(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 at 3 45 p. m. on the date above stated.
(Born alive ~~or stillborn~~.)

*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 [signature] Local Registrar.
Filed 11-5 1924 [signature] County Registrar.

Registrar.

341-1016-441

WRITE PLAINLY WITH UNFADING INK. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for the number of each, in order of birth stated.