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WRITE PLAINLY WITH UNFADING INK. PERMANENT RECORD

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 141

County Registrar No. 851

Local Registrar No. _____

PLACE OF BIRTH

1. County of Gila

District of Gila

Town of Miami

or

City of Miami No. _____ St. _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edubiquen Mena — If child is not yet named, make supplemental report, as directed.

3. Sex of Child — To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 1 — 6. Legitimate? — 7. Date of birth 17 Oct 1924 (Month day year)

8. FATHER	14. MOTHER
Full name Elias Mena	Full maiden name Concepcion F. Mena
9. Residence (Usual place of abode) If nonresident, give place and state Gover Cayon	15. Residence (Usual place of abode) If nonresident, give place and state Gover Cayon
10. Color or race White Mex — 11. Age at last birthday 28 (Years)	16. Color or race Mex L. Brown — 17. Age at last birthday 20 (Years)
12. Birthplace (city or place) Sombrerete Zacatecas Mx (State or country) Zacatecas	18. Birthplace (city or place) S. Miguel Zacatecas Mx (State or country) Zacatecas
13. Occupation Nature of industry Labor	19. Occupation Nature of industry Domestic

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 1
(b) Born alive but now dead 1
(c) Stillborn 0

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 still born at 7 a. 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 Vicenta Gutierrez (Physician or midwife)

Address Clay Pool Arizona

Given name added from a supplemental report Oct 17, 1924 (Month, day, year.)

Filed Nov 30 1924 C. E. Irvin Local Registrar.

Registrar.

Filed DEC 5, 1924 B. G. Fox County Registrar.

541-1017-341