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N. B. - In case of more than one child at a birth, a SEPARATE certificate should 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

1. County of Yuma 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)

State Index No. 158
County Registrar No. 555
Local Registrar No. _____

2. Full name of child Rafaela Davilos } 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 2 6. Legitimate? yes 7. Date of birth Oct. 24-1924
Month Oct day 24 year 1924

5. FATHER Full name <u>Isadore Davilos</u>		14. MOTHER Full maiden name <u>Maria Olivares</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and state	
18. Color or race <u>Mex.</u>	11. Age at last birthday <u>27</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>22</u> (Years)
12. Birthplace (city or place) <u>Jalisco, Mex.</u> (State or country)		18. Birthplace (city or place) <u>Jalisco, Mex.</u> (State or country)	
13. Occupation Nature of industry <u>Smelterman</u>		19. Occupation Nature of industry <u>Housewife</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 _____ (b) Born alive but now dead _____ (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

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 10 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 Nov 30, 1924 _____ Local Registrar.
Filed DEC 5, 1924 B. E. Jay County Registrar.

942-1024-462