ddb

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.

WRITE PLAINLY WITH UNFADING INK... PERMANENT RECORD

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 181

County Registrar No. 833

Local Registrar No. _____

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Miami

or

City of _____ No. 1014 Sullivan St. _____ Ward

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

2. Full name of child Alberto Barraza } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male | To be answered ONLY in event of plural births. | 4. Twin, triplet or other _____ | 5. No., in order of birth _____ | 6. Legitimate? Yes | 7. Date of birth Oct-30-1924 (Month day year)

FATHER	MOTHER
8. Full name Francisco Barraza	14. Full maiden name Angelita Mahihe
9. Residence (Usual place of abode) Miami Ariz. If nonresident, give place and state	15. Residence (Usual place of abode) Miami Ariz. If nonresident, give place and state
10. Color or race Mexican	16. Color or race Mexican
11. Age at last birthday 25 (Years)	17. Age at last birthday 18 (Years)
12. Birthplace (city or place) Mexico (State or country)	18. Birthplace (city or place) Tombstone Ariz (State or country)
13. Occupation Nature of industry Laborer	19. Occupation Nature of industry House wife

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 None
(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 _____ (Born alive or [redacted]) at 2 P. 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 C. J. Fotel M.D. (Physician or midwife)

Address Miami Ariz

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

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

Registrar.

Filed 11-5, 1924 B. S. Sia County Registrar.

121-1030-145