[redacted]

WRITE PLAINLY WITH UNFADING INK—THIS IS A 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. 165

County Registrar No. 895

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of 19

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 Ruben Pacheco. } 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 .....

6. Legitimate?

7. Date of birth Nov 14 1924. Month Nov day 14 year 1924

8. FATHER

Full name Cruz Pacheco

9. Residence (Usual place of abode)

If nonresident, give place and state Dos Cabezas Ariz

10. Color or race Mexican

11. Age at last birthday 21 (Years)

12. Birthplace (city or place) Clay Pool Ariz

(State or country) State

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Bandelia Quintana

15. Residence (Usual place of abode)

If nonresident, give place and state Safford Ariz

16. Color or race Mexican

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Clay Pool.

(State or country) State

19. Occupation

Nature of industry Domestic

20. Number of children of this mother 9

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 7

(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 alive [redacted]) at 3.30 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 Juana Villarreal (Physician or midwife)

Address .....

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

Registrar.

Filed Nov 30, 1924 C. S. Irwin Local Registrar.

Filed DEC 5 1924 B G Lay County Registrar.

976-1114-231