

1116

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Pima State Index No. 193
District of _____ County Registrar No. 917
Town of Miami Local Registrar No. _____
or
City of _____ No. 638 Chi halan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Catarina Cruz } 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 _____ 6. Legitimate? Yes 7. Date of birth Nov. 25 1924
Month day year

8. FATHER Full name <u>Lantos Cruz</u>		14. MOTHER Full maiden name <u>Maria Jesus Vargas</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	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>28</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>Mexico</u>	
13. Occupation <u>Miner</u> Nature of industry <u>Copper</u>		19. Occupation <u>Housewife</u> Nature of industry _____	
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 <u>3</u> (b) Born alive but now dead <u>3</u> (c) Stillborn <u>0</u>		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 alive (Born alive or stillborn.) at 1:25 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.
Given name added from a supplemental report _____

Signature J. J. J. J. (Physician or midwife)
Address Miami, Arizona
Filed Nov 30 1924 Local Registrar. C. E. Davis
Filed DEC 5 1924 County Registrar. B. G. J. J.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made, and the number of each, in order of birth stated.

339-1125-452