

2111

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Hila  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 155  
County Registrar No. 979 981  
Local Registrar No. \_\_\_\_\_

2. Full name of child Ester Vigarilla

No. 224 Depot Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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. 4

6. Legitimate? yes

7. Date of birth Dec. 9-1924  
Month day year

8. FATHER Full name Ignacio Vigarilla

14. MOTHER Full maiden name Elvira Laguna

9. Residence (Usual place of abode) Miami Ariz.  
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race Mex

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11. Age at last birthday 28 (Years)

17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Casa Grande Ariz.  
(State or country)

18. Birthplace (city or place) Tucson Arizona  
(State or country)

13. Occupation Nature of industry Miner

19. Occupation Nature of industry Housewife

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 4  
(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 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 Cyril M. Crow M.D.  
(Physician or midwife)

Address Miami, Arizona

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

Filed Dec 31 1924 \_\_\_\_\_  
Local Registrar.

Filed 1-5 1925 \_\_\_\_\_  
County Registrar.

In order of birth stated.

561-1209-531