

21114

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 204
County Registrar No. 10-191021
Local Registrar No. _____

2. Full name of child Stephana Trujillo (If birth occurred in a hospital or institution, give its NAME instead of street and number)
No. _____ St. _____ Ward _____
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 3 6. Legitimate? yes 7. Date of birth Dec 26, 1924
Month day year

8. FATHER Full name Jose Trujillo

14. MOTHER Full maiden name Annie Medina

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 Mex. 11. Age at last birthday 38 (Years)

16. Color or race Mex. 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Jalisco Mex.
(State or country)

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

13. Occupation Nature of industry Miner

19. Occupation Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*50

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.
Given name added from a supplemental report _____
Month, day, year. _____
Signature Beryl M. Brown M.D. (Physician or midwife)
Address Miami, Arizona

Filed Dec 31, 1924 _____
Filed 1-5 1925 _____
Local Registrar. _____
County Registrar. _____

In order of birth stated.

536-1226-141