

PLACE OF BIRTH Gila
 1. County of Gila
 District of _____
 Town of miami
 or
 City of _____ No. 711 Church Hill St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

State Index No. 206
 County Registrar No. 1018
 Local Registrar No. _____

2. Full name of child Kesteven Noriega } 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. yes
 6. Legitimate? yes
 7. Date of birth Dec 26 1924
 Month day year

8. FATHER
 Full name Juan Noriega
 9. Residence (Usual place of abode) miami Arizona
 If nonresident, give place and state
 10. Color or race Mexican
 11. Age at last birthday 25 (Years)
 12. Birthplace (city or place) (State or country) Mexico
 13. Occupation Trinikerman
 Nature of industry Copper mine

14. MOTHER
 Full maiden name Petra Luna
 15. Residence (Usual place of abode) Miami Arizona
 If nonresident, give place and state
 16. Color or race Mexican
 17. Age at last birthday 20 (Years)
 18. Birthplace (city or place) (State or country) Silver Bell Arizona
 19. Occupation Housewife
 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 2
 (b) Born alive but now dead 0
 (c) Stillborn 0
 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 alive at 1 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.
 Given name added from a supplemental report _____
 Signature J. J. Miller (Physician or midwife)
 Address miami Arizona
 Filed Dec 31 1924 Local Registrar. J. E. Dineen
 Filed 1-5 1925 County Registrar. B. S. Diaz

Registrar.

541-1226-731

In order of birth stated.