

## PLACE OF BIRTH

1. County of Casa

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 179County Registrar No. 57Local Registrar No. 15No. 3301 Loomis Ave St. Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margarita Maces (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 Jan 11-1925  
Month Day Year8. FATHER  
Full name Alberto Maces14. MOTHER  
Full maiden name Adalberto Fernandez9. Residence (Usual place of abode) Miami City  
If non-resident, give place and state.15. Residence (Usual place of abode) Miami City  
If non-resident, give place and state.10. Color or race Mexican 11. Age at last birthday 30 (Years)16. Color or race Mexican 17. Age at last birthday 31 (Years)12. Birthplace (city or place) Mexico  
(State or country)18. Birthplace (city or place) Mexico  
(State or country)13. Occupation Miner  
Nature of Industry19. Occupation House wife  
Nature of Industry20. 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 none  
(b) Born alive but now dead none  
(c) Stillborn none21. 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 \_\_\_\_\_ at 2:30 p. 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 evidence of life after birth.

Signature E. J. Solis  
(Physician or midwife)Address Miami CityGiven name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_Filed Jan 15 1925 Nelson Brayton  
Local Registrar.Filed 2/19 1925 E. E. Wylhain  
County Registrar.

Registrar

County Registrar.

442-111-769

WRITE MAINLY WITH UNFADIN  
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.  
—THIS IS A PERMANENT RECORD