

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

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. 185
 County Registrar No. 56
 Local Registrar No. 41

No. 414 Gibson St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Potita Porras } 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 January 13, 1925
 Month day year

5. FATHER
 Full name Enrique Porras

14. MOTHER
 Full maiden name Leonor Lechuga

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

15. Residence (Usual place of abode) Miami, Arizona
 If nonresident, 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 26 (Years)

12. Birthplace (city or place) El Paso, Texas
 (State or country)

18. Birthplace (city or place) _____
 (State or country) Mexico

13. Occupation: Timberman helper
 Nature of Industry Copper mine

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 6
 (b) Born alive but now dead 0
 (c) Stillborn 0

21. Were precautions taken against opthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:05 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 J. J. Miller (Physician or midwife)
 Address _____

Given name added from a supplemental report _____
 Month, day, year. _____ Filed Feb 1, 1925 Nelson D. Brayton Local Registrar.

Registrar. _____ Filed 2/9, 1925 S. E. Wightman County Registrar.

772-113-331