

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 217
 County Registrar No. 71
 Local Registrar No. 27

2. Full name of child Maria Delia Corral (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
 If child is not yet named, make supplemental report, as directed.

3. Sex of Child ♀ To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 4/5 6. Legitimate? _____ 7. Date of birth 1 25 25 Month day year

8. FATHER
 Full name Amos Corral

14. MOTHER
 Full maiden name Pueblita Lazano

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

15. Residence (Usual place of abode) Miami
 If nonresident, give place and state _____

10. Color or race W
 11. Age at last birthday 27 (Years)

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

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

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

13. Occupation
 Nature of industry Miami

19. Occupation
 Nature of industry House

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 _____
 (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 10.8 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 O. F. Perkins (Physician or midwife)

Address _____
 Filed Jan 30 1925 Wilson D. Brayton Local Registrar.

Month, day, year. _____
 Filed 1 19 1925 G. E. Wright County Registrar.

Registrar.

433-125-734