

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 Yuma
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 282
 County Registrar No. 74
 Local Registrar No. 32

No. 35 B Davis Canyon
 (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

2. Full name of child Mercedes Alcala (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? No 7. Date of birth Jan 31 1925
 Month Day Year

8. FATHER
 Full name Pedro Alcala
 9. Residence (Usual place of abode) Miami Ariz
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) Mexico
 (State or country)
 13. Occupation Miner
 Nature of industry

14. MOTHER
 Full maiden name Angelita Gutierrez
 15. Residence (Usual place of abode) Miami Ariz
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 27 (Years)
 18. Birthplace (city or place) Mexico
 (State or country)
 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 4 (b) Born alive but now dead 2 (c) Stillborn None 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 alive or ~~stillborn~~) at 3 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 evidence of life after birth.
 Signature R. J. Aitel
 Address Miami Ariz
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Registrar _____
 Filed Jan 31 1925 Nelson D Brantton
 Local Registrar.
 Filed 2/9 1925 S. S. Wightman
 County Registrar.

411-131-179