

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 Gila  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or  
 City of Miami Ariz

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129  
 County Registrar No. 106  
 Local Registrar No. 61

2. Full name of child Catalina Tapia  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
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 1  
 5. No., in order of birth \_\_\_\_\_  
 6. Legitimate? yes  
 7. Date of birth 2-13-25  
Month day year

8. FATHER  
 Full name Sipriano Tapia

14. MOTHER  
 Full maiden name Teresea Sermino

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

15. Residence (Usual place of abode)  
 If nonresident, give place and state Warren Arizona

10. Color or race dark

11. Age at last birthday 23 (Years)

16. Color or race dark

17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Jalisco Mex  
(State or country)

18. Birthplace (city or place) Jalisco Mex  
(State or country)

13. Occupation  
 Nature of industry miner

19. Occupation  
 Nature of industry Domestic

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 yes  
 (b) Born alive but now dead yes  
 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was yes (Born alive or stillborn.) at 2-13 at 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 evidences of life after birth.  
 Signature Visenta Gutierrez  
(Physician or midwife)

Address \_\_\_\_\_  
 Filed Feb 28, 1925 William D. Broyton  
Local Registrar.

supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_  
 Filed 3/9, 1925 H. E. Wyllink  
County Registrar.

331-213-326