

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

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Cocondo
 District of Miami
 Town of Alhambra
 or
 City of _____

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 135
 County Registrar No. _____
 Local Registrar No. _____

No. 368 Puerto Rico Canyon Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jarita Aguilera (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	6. Legitimate?	7. Date of birth
<u>Female</u>		<u>Twin</u>	<u>2nd</u>	<u>Yes</u>	<u>Feb. 15 - 1925</u>
					Month Day Year

8. FATHER
Full name Sebastian Aguilera

14. MOTHER
Full maiden name Genoveva Marcus

9. Residence (Usual place of abode) Lower Miami
If non-resident, give place and state.

15. Residence (Usual place of abode) Lower Miami
If non-resident, give place and state.

10. Color or race Mexican

16. Color or race Mexican

11. Age at last birthday 37 (Years)

17. Age at last birthday 29 (Years)

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

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

13. Occupation Miner
Nature of industry

19. Occupation House wife
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 <u>4</u>	(b) Born alive but now dead <u>1</u>
	(c) Stillborn <u>None</u>	

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 _____ at 11 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 evidence of life after birth.

Signature E. J. Tully
 Address Miami Ave
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Filed Feb 10, 1925 Nelson D. Bradford
 Local Registrar.

Registrar _____, 19____
 County Registrar.

111-215-542