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

1. County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 140

County Registrar No. 109

Local Registrar No. 64

No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Rachael Dolores (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 Feb 15 1925 (Month Day Year)

FATHER	MOTHER
8. Full name Alibora Guitarez	14. Full maiden name Maria Dolores
9. Residence (Usual place of abode) Miami	15 Residence (Usual place of abode) Miami
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race Mexican	16. Color or race Mexican
11. Age at last birthday 24 (Years)	17. Age at last birthday 23 (Years)
12. Birthplace (city or place) Jalisco (State or country) Mexico	18. Birthplace (city or place) (State or country) Mexico
13. Occupation Nature of industry Dead	19. Occupation Nature of industry Housewife

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 3
(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 alive (Born alive or stillborn) at 3 ff 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 Nelson D Brayton (Physician or midwife).

Address Miami Ariz

Given name added from a supplemental report
Month, day, year

Registrar

Filed Feb 15 1925 Nelson D Brayton Local Registrar.

Filed 3/19 1925 H. E. Wyllie County Registrar.

479-215-442