

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.

Child's given name changed from Simeon per aff. of reg. & baptismal. 9-11-73 25 ✓  
 PLACE OF BIRTH Gila ARIZONA STATE BOARD OF HEALTH

1. County of Gila BUREAU OF VITAL STATISTICS State Index No. 155  
 District of \_\_\_\_\_ ORIGINAL CERTIFICATE OF BIRTH County Registrar No. 115  
 Town of miami Local Registrar No. 68

**CERTIFICATE AMENDED**  
**SEE NOTATION** No. 114 Chisholm Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child David R. mesa (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male 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 18, 1925  
 Month Day Year

8. FATHER Full name Cecilio mesa

14. MOTHER Full maiden name Defarina Raigosa

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

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

10. Color or race mexican 11. Age at last birthday 49 (Years)

16. Color or race mexican 17. Age at last birthday 27 (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 Copper

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 \_\_\_\_\_  
 (b) Born alive but now dead 6  
 (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 alive at 4:30 P. 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 [Signature] (Physician or midwife)  
 Address miami, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Registrar \_\_\_\_\_

Filed Feb 28, 1925 Wesley D. Bryant Local Registrar.  
 Filed 3/9, 1925 Ch. E. Wright County Registrar.

441-218-291