

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of _____

Town of Manly

or _____

City of Mission Ariz

BUREAU OF VITAL STATISTICS

State Index No. 185

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. _____

No. 377 Sullivan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child MA MARGARITA CORTES (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 _____ 6. Legitimate? yes 7. Date of birth Feb 28-75
Month Day Year

5. No. in order of birth _____

8. FATHER

Full name Epifanio C. Cortez9. Residence (Usual place of abode) #377 Sullivan St
If non-resident, give place and state.10. Color or race Mexican11. Age at last birthday 27 (Years)12. Birthplace (city or place) Fachinas(State or country) Mexico13. Occupation Miner

Nature of industry

14. MOTHER

Full maiden name Segunda Ciferme15. Residence (Usual place of abode) #377 Sullivan St
If non-resident, give place and state.16. Color or race Mexican17. Age at last birthday 27 (Years)18. Birthplace (city or place) Concordia, Mex

(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 3 (b) Born alive but now dead None (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 at 5:00 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 Yola Cortez (Physician or midwife.) Address #410 Sullivan St.Given name added from a supplemental report. Filed April 5, 1975 Nelson D. Brayton Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar _____

439-228-231

N. B. If more than one child is born, a SEPARATE RETURN must be made for each, and the order of birth stated.