

MARGIN RESERVED FOR BINDING
 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 Miami
 or _____
 City of _____
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH
 State Index No. 116
 County Registrar No. _____
 Local Registrar No. _____
 No. 89 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 Guidberta Baray (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 mar 1 1925
 Month Day Year

8. FATHER
 Full name Genardo Baray

14. MOTHER
 Full maiden name Madalena Vargas

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

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

10. Color or race Mexican 11. Age at last birthday 29 (Years)

16. Color or race Mexican 17. Age at last birthday 25 (Years)

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

18. Birthplace (city or place) _____ (State or country) Morenci, Arizona

13. Occupation Miner
 Nature of industry _____

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 _____
 (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 alive at 6:35 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, Arizona

Given name added from a supplemental report _____
 Month, day, year _____
 Filed April 5, 1925 Weldon B. Brayton Local Registrar.
 Registrar _____ Filed _____ 19 _____ County Registrar.

228-301-432