

## PLACE OF BIRTH

1. County of Silo  
 District of Arizona  
 Town of Slobe  
 or  
 City of Arizona

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 120  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 41

2. Full name of child Crotilde Coro  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>girl</u>	To be answered ONLY In event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Nov 1 1925</u> Month Day Year
5. No., in order of birth <u>1</u>				

8. FATHER  
 Full name Lyde Gilorio Coroz Pe  
 9. Residence (Usual place of abode) Slobe  
 If non-resident, give place and state.

14. MOTHER  
 Full maiden name Guadalupe Perez Calle  
 15. Residence (Usual place of abode) Slobe  
 If non-resident, give place and state.

10. Color or race Mex  
 11. Age at last birthday 36 (Years)

16. Color or race Mex  
 17. Age at last birthday 33 (Years)

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

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

13. Occupation  
 Nature of industry miner

19. Occupation  
 Nature of industry house wife

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>9</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead _____	
	(c) Stillborn _____	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive 120 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 Mrs. H. Bryant housewife  
 (Physician or midwife.)  
 Address 410 Euclid Ave. Box 2368 Slobe Ariz

Given name added from a supplemental report Nov. 1925 Filed March 25 1925 L. E. Wrightman  
 Month, day, year Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

336-301-735

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 list order of birth stated.