

PLACE OF BIRTH

1. County of Cocon
 District of Miami
 Town of _____
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 138
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Leorro Marine No. Lower Miami St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { 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. 9, 1925
 Month Day Year

8. FATHER
 Full name Felix Marine
 9. Residence (Usual place of abode) Lower Miami
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Natalia Trujillo
 15. Residence (Usual place of abode) Lower Miami
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 39 (Years)

16. Color or race Mexican
 17. Age at last birthday 34 (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

19. Occupation House wife
 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 6
 (b) Born alive but now dead none
 (c) Stillborn none

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 _____ at 8:30 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 R. J. Sotelo
 (Physician or midwife)

Address Miami Ave

Given name added from a supplemental report

Month, day, year

Filed Mar 10 1925 Nelson D. Brayton
 Local Registrar.

Registrar

Filed _____ 19 _____

County Registrar.

345 - 309 - 536

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. E. 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.