

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

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 140
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Gloria Maria Giron (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 Female To be answered ONLY in event of plural births. } 4. ~~Twin, triplet or other.~~ 5. No., in order of birth. 1st } 6. Legitimate? yes } 7. Date of birth March 9-1925
 Month Day Year

8. FATHER
 Full name Porfirio C. Giron
 9. Residence (Usual place of abode) Miami Ariz.
 If non-resident, give place and state. Ariz.
 10. Color or race Mex
 11. Age at last birthday 28 (Years)
 12. Birthplace (city or place) Frisco
 (State or country) New Mex.
 13. Occupation
 Nature of industry miner

14. MOTHER
 Full maiden name Carnestina Amado
 15. Residence (Usual place of abode) Miami Ariz.
 If non-resident, give place and state. Ariz.
 16. Color or race Mex.
 17. Age at last birthday 20 (Years)
 18. Birthplace (city or place) Safford
 (State or country) Ariz.
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother } (a) Born alive and now living 1
 (Taken as of time of birth of child herein } (b) Born alive but now dead _____
 certified and including this child.) } (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 at 7²⁵ 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 Cyril M. Brown, M.D. (Physician or midwife)
 Address Miami, Ariz.

Given name added from a supplemental report. Filed April 5, 1925 Nelson S. Brayton Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

775-309-516