

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or _____

City of Miami, Ariz.

BUREAU OF VITAL STATISTICS

State Index No. 181

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. _____

No. # 224 Popot Hill
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Victoria Nolasco { 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 March 23-75
Month Day Year8. Full name Miguel Nolasco FATHER14. Full maiden name Josefa Hernandez MOTHER9. Residence (Usual place of abode) # 224 Popot Hill
If non-resident, give place and state.15. Residence (Usual place of abode) # 224 Popot Hill
If non-resident, give place and state.10. Color or race Mexican 11. Age at last birthday 35 (Years)16. Color or race Mexican 17. Age at last birthday 29 (Years)12. Birthplace (city or place) Apulco, Tlaxcala, Mexico
(State or country)18. Birthplace (city or place) Apulco, Tlaxcala, Mexico
(State or country)13. Occupation Miner
Nature of Industry19. Occupation Home Wife
Nature of Industry20. 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 0
(b) Born alive but now dead 1
(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 5:10 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 Josefa Hernandez (Physician or midwife)Address 810 Sullivan St. Miami, Ariz.Given name added from a supplemental report
Month, day, yearFiled March 27, 1975 Wilson Bryant
Local Registrar.

Registrar

Filed _____, 19 _____

County Registrar.

546-323-189

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.