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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 190

County Registrar No.

Local Registrar No.

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of ..... No. ..... St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Josephina Alabado { 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 2 | 6. Legitimate? yes | 7. Date of birth Mch. 26-1925 (Month Day Year)

8. FATHER	14. MOTHER
Full name Ermengildo Alabado	Full maiden name Carmen Martinez
9. Residence (Usual place of abode) Miami	15 Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona	If non-resident, give place and state. Arizona.
10. Color or race Mex	16 Color or race Mex.
11. Age at last birthday 39 (Years)	17. Age at last birthday 31 (Years)
12. Birthplace (city or place) Sonora	18. Birthplace (city or place) Sonora,
(State or country) Mex.	(State or country) Mex.
13. Occupation Nature of industry Miner	19. Occupation Nature of industry Housewife

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 2
(b) Born alive but now dead
(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 (Born alive or ~~stillborn~~.) at 3 10 P. m. on the date above stated

* 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. Crow M.D. (Physician ~~or midwife~~)

Address Miami, Arizona.

Given name added from a supplemental report ..... Month, day, year

Filed Mch 30, 1925 Tuesday Dr Brayton Local Registrar.

..... Registrar

Filed ....., 19.... ..... County Registrar.

116-326-349