

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

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166

County Registrar No. _____

Local Registrar No. 38

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Pedro Magrecio { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 6. Legitimate? yes 7. Date of birth Apr. 14-1925
Month Day Year

8. FATHER
Full name Jose Magrecio
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 25 (Years)

14. MOTHER
Full maiden name Louisa Medina
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 24 (Years)

12. Birthplace (city or place) Zacatecas Mex.
(State or country)
13. Occupation
Nature of industry miner

18. Birthplace (city or place) Zacatecas, Mex.
(State or country)
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 2 (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 3 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 May 7, 1925 P. E. Dwyer Local Registrar. Registrar _____ Filed _____ 19 _____ County Registrar.

746-414-341