

## PLACE OF BIRTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 203  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 36

2. Full name of child Catalina Medina (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. Twins, triplet or other 5. No., in order of birth 6 6. Legitimate? yes 7. Date of birth Apr. 30-1925  
 Month Day Year

8. FATHER  
 Full name Justino Medina

9. Residence (Usual place of abode) Miami, Ariz.  
 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 40 (Years)

12. Birthplace (city or place) Aguas Calientes, Mex.  
 (State or country)

13. Occupation  
 Nature of industry Smeltermen

14. MOTHER  
 Full maiden name Petronela Montes

15. Residence (Usual place of abode) Miami, Ariz.  
 If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 38 (Years)

18. Birthplace (city or place) 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 6  
 (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 at 9 30 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, Arizona

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

Filed May 7, 1925 P. E. Dwin  
 Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

341-430-742

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.