

WRITE PLAIN INK WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 Cochise

District of \_\_\_\_\_

Town of \_\_\_\_\_

or \_\_\_\_\_

City of Douglas Ariz

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 31

County Registrar No. \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

2. Full name of child Dany Velasco

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Girl To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_ 7. Date of birth May 3rd 1925  
Month Day Year

8. FATHER  
Full name Maurro Velasco

14. MOTHER  
Full maiden name Atanacia Granata

9. Residence (Usual place of abode)  
If non-resident, give place and state. 18th Stg. ave

15. Residence (Usual place of abode)  
If non-resident, give place and state. 18th St J. ave

10. Color or race Light Dark 11. Age at last birthday 37 (Years)

16. Color or race Light Dark 17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Sacatecas Mexico  
(State or country)

18. Birthplace (city or place) Sacatecas Mexico  
(State or country)

13. Occupation Copper Miner  
Nature of industry Miller worker

19. Occupation \_\_\_\_\_  
Nature of industry \_\_\_\_\_

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 \_\_\_\_\_  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 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 Maria Ana Ariz (Physician or midwife)  
Address 16th St #225

Given name added from a supplemental report. Filed 5-6 1925 J. Council Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar \_\_\_\_\_

356-503-161