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.

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. 156

County Registrar No.

Local Registrar No. 21

No. E-16 Davis Canyon St. Ward

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

2. Full name of child Monico Dalinas

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 5. No., in order of birth

6. Legitimate? Yes

7. Date of birth May 2, 1925 (Month day year)

FATHER

8. Full name George Dalinas

9. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Safford

(State or country) Arizona

13. Occupation Motorman

Nature of industry Copper mine

MOTHER

14. Full maiden name Carlota Cordero

15. Residence (Usual place of abode) Miami, Arizona

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 38 (Years)

18. Birthplace (city or place) Safford

(State or country) Arizona

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 9

(b) Born alive but now dead 0

(c) Stillborn 0

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 alive (Born alive ~~or stillborn~~) at 8:20 A.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 evidences of life after birth.

Signature F. J. Miller (Physician ~~or midwife~~)

Address Miami, Arizona

Given name added from a supplemental report

Month, day, year.

Filed May 3, 1925 P. E. Irvin Local Registrar.

Registrar.

Filed , 19 County Registrar.

422-502-336