

WRITE PLAIN INK WITH UNFADING INK—THIS IS A PE

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 DeLa
District of _____
Town of Miami
or _____
City of _____ No. _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 176
County Registrar No. _____
Local Registrar No. 52

2. Full name of child Miguel Ortey (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(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 2 6. Legitimate? yes 7. Date of birth May 8 - 1925
Month Day Year

8. FATHER
Full name Eulario Ortey
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Ariz
10. Color or race Mex
11. Age at last birthday 36 (Years)
12. Birthplace (city or place) Jalisco
(State or country) Mex
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Pabla Vasquez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Ariz
16. Color or race Mex
17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Jalisco
(State or country) Mex
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 at 3 A. 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 Byril M. Brown M.D. (Physician or midwife)
Address Miami, Ariz.

Given name added from a supplemental report. Filed May 16, 1925 C. E. Jwin Local Registrar.
Month, day, year Registrar Filed _____, 19____ County Registrar.

469-508-759