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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 227

County Registrar No.

Local Registrar No. 98

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

No. 713 Pine Oak St., St., Ward

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

2. Full name of child Laurencia Benitez

{ 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. Twin, triplet or other

5. No., in order of birth

6. Legitimate? yes

7. Date of birth May 23, 1925. (Month Day Year)

8. FATHER

Full name Lauro Benitez

9. Residence (Usual place of abode) Died Dec. 22, 1924. Buried Pinal Cemetery

If non-resident, give place and state.

10. Color or race Mex.

11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Durango

(State or country) Mex.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Nicolassa Lucero

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 22 (Years)

18. Birthplace (city or place) Deming-

(State or country) New 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

(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 (Born alive or stillborn.) at 9 22 P. 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 evidence of life after birth.

Signature Cyril M. Crow M.D. (Physician or midwife).

Address Miami, Ariz.

Given name added from a supplemental report Filed June 10, 1925 C. E. Zorn Local Registrar.

Month, day, year

Registrar

Filed, 19 County Registrar.

329-523-556