

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 238
 Registered No. 94

1. PLACE OF BIRTH

County Esala State _____
 District or Township _____ or Village _____
 City Miami No. 3200 Louis Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Augustin Orta

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 28 - 1925
 Month Day Year

8. FATHER
 Full name Norberto Orta

14. MOTHER
 Full maiden name Francisca Diaz

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

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

10. Color or race Mexican

11. Age at last birthday 56 (Years)

16. Color or race Mexican

17. Age at last birthday 34 (Years)

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

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

13. Occupation none
 Nature of industry

19. Occupation Housewife
 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 5
 (b) Born alive but now dead 3
 (c) Stillborn none

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 alive or stillborn) _____ 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 P. J. Jotel
Miami, Ariz
 (Physician or midwife)

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

Registrar _____ Filed June 6, 1925 C. E. Jones Registrar

161-528-649

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made in order of birth stated.
 WITH UNFADING INK—THIS IS A F. ORDER RESERVED FOR L.A.N.J.A.
 WRITE PLAY.