

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Lula

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 136

County Registrar No. _____

Local Registrar No. 108No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Josi Forberts Macias { If child is not yet named, make supplemental report, as directed.3. Sex of Child M. 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 6 6 21
Month Day Year8. FATHER
Full name Josi Macias14. MOTHER
Full maiden name Elena Archondo9. Residence (Usual place of abode) Miami
If non-resident, give place and state.15. Residence (Usual place of abode) Miami
If non-resident, give place and state.10. Color or race W 11. Age at last birthday 36 (Years)16. Color or race W 17. Age at last birthday 34 (Years)12. Birthplace (city or place) Torreón, Coahuila
(State or country) Mexico18. Birthplace (city or place) Luisitiriacal
(State or country) Mexico13. Occupation
Nature of Industry Painter19. Occupation
Nature of Industry H.W.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 0
(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 W (Born alive or stillborn) at 3 30 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 C. E. Jones (Physician or midwife).Address Miami

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

Filed June 15, 1921 Local Registrar.

Registrar

Filed _____ 19____ County Registrar.

142-606-516

MARGIN RESERVED FOR BINDING

WRITE UNILY 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.