MARGIN RESERVED FOR BINDING

WRITE ONLY 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 154
County Registrar No.
Local Registrar No. 106

PLACE OF BIRTH
1. County of Pila
District of
Town of Miami
or
City of
No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Narciso Contreras (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 6/11 25 (Month Day Year)

8. FATHER
Full name Narciso Contreraz

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

10. Color or race Mex. | 11. Age at last birthday 29 (Years)

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

13. Occupation
Nature of industry Mechanic

14. MOTHER
Full maiden name Trinidad Uincler

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

16 Color or race Mex. | 17. Age at last birthday 23 (Years)

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

19. 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 3
(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 Alive (Born alive or stillborn) at 1307 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. K. Perkins (Physician or midwife).
Address Miami

Given name added from a supplemental report
Month, day, year
Filed June 15, 1955 C. E. Irwin
Local Registrar.

Registrar
Filed , 19
County Registrar.

139-611-349