MARGIN RESERVED FOR BINDING

WRITE PL[illegible]LY WITH UNFADING INK—THIS IS A PERMANE[illegible] 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

STANDARD CERTIFICATE OF BIRTH

State File No. 179

Registered No. 120

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 3004 Loomis St. ..... Ward

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

2. Full name of child Silveria Viramontes { 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 June 20, 1925 (Month Day Year)

8. FATHER

Full name Celso Viramontes

9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race: Mexican | 11. Age at last birthday 38 (Years)

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

13. Occupation Mucker

Nature of industry Copper mine

14. MOTHER

Full maiden name Julia Maralis

15 Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

16 Color or race: Mexican | 17. Age at last birthday 25 (Years)

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

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 2

(b) Born alive but now dead 0

(c) Stillborn 0

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 10 A 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 F. F. Miller

M D

(Physician ~~or midwife~~)

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

Address Miami, Arizona

Registrar

Filed June 22, 1925 C. E. Irwin

Registrar

252-670-142