ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 184

Registered No. 135

1. PLACE OF BIRTH

County Gila State Arizona

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

City Miami No. 1117 Sullivan St., ... Ward

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

2. Full name of child Berta Acuna { 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 4 | 6. Legitimate? yes | 7. Date of birth June 21, 1925. Month Day Year

8. FATHER

Full name Jose Acuna

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

If non-resident, give place and state.

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

12. Birthplace (city or place) Sonora

(State or country) Mex.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Guadaloupe Rivera

15 Residence (Usual place of abode) Miami, Ariz.

If non-resident, give place and state.

16 Color or race Mex. | 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Sonora,

(State or country) 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 4

(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 12 30 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.

Miami, Ariz. (Physician or midwife).

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

Address Box 29

Registrar

Filed July 2, 1925 C. E. Irvin Registrar

211-621-791

MARGIN RESERVED FOR BINDING

WRITE FOR 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.