

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

State File No. 179 ✓
 Registered No. 191

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____

2. Full name of child Marcelina Saragoza (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (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 July 17, 1925
 Month Day Year

8. FATHER
 Full name Juan Saragoza
 9. Residence (Usual place of abode) Miami Ariz.
 If non-resident, give place and state. Ariz.
 10. Color or race Mex.
 11. Age at last birthday 21 (Years)
 12. Birthplace (city or place) Weming New Mex.
 (State or country)
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Cruz Hernandez
 15. Residence (Usual place of abode) Miami Ariz.
 If non-resident, give place and state. Ariz.
 16. Color or race Mex.
 17. Age at last birthday 17 (Years)
 18. Birthplace (city or place) Chihuahua Mex.
 (State or country)
 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 1
 (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 at 9 A. m. on the date above stated
 (Born alive or stillborn.)

* 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 Byril M. Brown M.D.
Physician
 (Physician or midwife.)

Given name added from a supplemental report _____
 Address Miami, Ariz.

Month, day, year 421-717-389
 Filed Aug 5, 1925 Registrar C. G. Irwin

THIS IS A PERMANENT RECORD. RETURN must be made for each, and the number of each in order of birth stated.