

WRITE PLAINLY 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.

MIDDLE NAME ADDED BY SUPPLEMENT

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

State File No. 129 ✓  
Registered No. 202

1. PLACE OF BIRTH

County Esela State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 906 Two Oak St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Arrendary (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 Aug 2 - 1925  
Month Day Year

8. FATHER  
Full name Manuel Arrendary

14. MOTHER  
Full maiden name Ana Organ

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

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

10. Color or race Mexican

11. Age at last birthday 41 (Years)

16. Color or race Mexican

17. Age at last birthday 27 (Years)

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

18. Birthplace (city or place) Presidio Texas  
(State or country)

13. Occupation Merchant  
Nature of Industry

19. Occupation House wife  
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 2  
(c) Stillborn None

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 \_\_\_\_\_ at 10 a. m. on the date above stated  
(Born alive or ~~dead~~)

\* 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 \_\_\_\_\_  
O. J. Jotel  
Miami Ariz  
(Physician or midwife)

Given name added from \_\_\_\_\_ Address \_\_\_\_\_  
\* supplemental report. Month, day, year

Filed Aug 11, 1925 P. E. Irwin  
Registrar Registrar

419-802-165