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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 133

County Registrar No.

Local Registrar No. 203

PLACE OF BIRTH

1. County of Miami Arizona

District of Miami

Town of

or City of Miami Mex Camp No. 1044 St. Ward

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

2. Full name of child Maria Reyes (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Girl

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 August day 2 year 1925

FATHER

8. Full name Eleodoro Reyes

9. Residence (Usual place of abode) Miami

If nonresident, give place and state Arizona

10. Color or race Mexican

11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Jalisco

(State or country) Mex

13. Occupation

Nature of industry Miner

MOTHER

14. Full maiden name Bruna Lopez

15. Residence (Usual place of abode) Miami

If nonresident, give place and state Arizona

16. Color or race Mexican

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Zacatecas

(State or country) Mex

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 X (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 X (Born alive or stillborn.) August 2 at 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 evidences of life after birth.

Signature Delfina A Domurgey (Physician or midwife)

Address 808 a Live Oak St.

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

Filed August 21 1925 C. E. Dow Local Registrar.

Filed August 2 1925 County Registrar.

Registrar.

492-802-239