

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
 STANDARD CERTIFICATE OF BIRTH

State File No. 183 ✓
 Registered No. 255

1. PLACE OF BIRTH

County Pila State Arizona
 District or Township Lower Miami or Village _____
 City Miami No. 4 Davin Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Armandariz

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate? <u>yes</u>	7. Date of birth <u>Aug 23 1925</u> Month Day Year
		5. No., in order of birth		

8. FATHER

Full name Miguel Armandariz

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 42 (Years)

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

13. Occupation miner
 Nature of industry Copper

14. MOTHER

Full maiden name Refugia Franco

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 41 (Years)

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

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother <u>5</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>4</u>	21. Were precautions taken against ophthalmia neonatorum?
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 11 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 [Signature]

(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Sept 15 1925 _____
 _____ Registrar [Signature] Registrar

019-823-964