

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. 197
Registered No. 250

1. PLACE OF BIRTH
County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 357 Dikes St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Galaz (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 30 1925</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Casimiro Galaz

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

10. Color or race Mexican

11. Age at last birthday 39 (Years)

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

13. Occupation Miner
Nature of industry Copper

14. MOTHER
Full maiden name Pilar Vasquez

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 35 (Years)

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

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother <u>8</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>6</u>	21. Were precautions taken against ophthalmia neonatorum? <u>No</u>
	(b) Born alive but now dead <u>1</u>	
	(c) Stillborn _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was still born at 3:15 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 J. J. Truitt
(Physician or midwife)

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

Month, day, year _____ Filed Sept 15 1925 C. E. Finn Registrar

079-830-759