

MARGIN RESERVED FOR BINDING

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. 123
 Registered No. 289

1. PLACE OF BIRTH
 County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 1106 Granite Springs Add. st. Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Dolores Alwaya (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male 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 Sept 15, 1925
 Month Day Year

8. FATHER
 Full name Rafael Alwaya
 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 24 (Years)
 12. Birthplace (city or place) _____
 (State or country) New Mexico
 13. Occupation Machine man
 Nature of Industry Copper mine

14. MOTHER
 Full maiden name Carmen Garcia
 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 16 (Years)
 18. Birthplace (city or place) _____
 (State or country) Mexico
 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 1
 (b) Born alive but now dead 0
 (c) Stillborn 0
 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 alive at 7 P. 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. Miller

 (Physician or midwife).

Given name added from a supplemental report _____
 Month, day, year 4-11-915-371
 Registrar

Address Miami, Arizona
 Filed Oct 10, 25 Registrar C. E. Dorn