

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Dela

District of _____

Town of Miami

BUREAU OF VITAL STATISTICS

State Index No. 182

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 327

Local Registrar No. _____

City of _____ No. 102 Red Springs St. _____ Ward _____

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

2. Full name of child Aurora Juarez (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 Oct. 19, 1925 Month Day Year8. FATHER
Full name Isidro Juarez
9. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state. Ariz.
10. Color or race Mex.
11. Age at last birthday 25 (Years)14. MOTHER
Full maiden name Rita Martinez
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex.
17. Age at last birthday 20 (Years)12. Birthplace (city or place) Durango, Mex.
(State or country)
13. Occupation
Nature of industry Laborer18. Birthplace (city or place) Durango, Mex.
(State or country)
19. Occupation
Nature of industry Housewife20. 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 3 (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 born at 1:30 A. M. on the date above stated (Born alive or stillborn.)Signature Cyril M. Brown, M.D. (Physician or midwife)Address Miami, ArizonaGiven name added from a supplemental report _____ Filed Nov 6, 1925 L. E. Jura Local Registrar.

Month, day, year

Filed _____, 19____

County Registrar

Registrar

119-1019-949