

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. 1.—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

189
State File No. _____
Registered No. 359

1. PLACE OF BIRTH
County Gila State Arizona
District or Township Lower Miami or Village _____
City Miami No. 204 Grover Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _____
(If child is not yet named, make supplemental report, as directed.)
3. Sex of Child * Hermapro- To be answered ONLY 4. Twin, triplet or other _____ 6. Legitimate? yes
dite in event of plural births. 5. No., in order of birth _____ 7. Date Nov 26 1925
of birth _____
Month Day Year

8. FATHER
Full name Rafael Galvez
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 Laborer, Construction
Nature of Industry Copper ore, mill
20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
Full maiden name Ramona Lara
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 32 (Years)
18. Birthplace (city or place) _____
(State or country) Mexico
19. Occupation Housewife
Nature of Industry _____
21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 10:30 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. Friedman
M.D.
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____
079-1126-931 Filed Nov 27 1925 C. E. Finn
Registrar Registrar

* Sex not determinable; characteristics of both sexes; an anencephalic hermaphroditic monster.