

PLACE OF BIRTH

1. County of Gila

District of _____

Town of Miami

or

City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 197

County Registrar No. _____

Local Registrar No. 4112. Full name of child Saturnino Ornelas (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 Nov. 28, 1925
Month Day Year8. FATHER
Full name Andreas Ornelas9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.10. Color or race Met. 11. Age at last birthday 38 (Years)12. Birthplace (city or place) Jalisco, Met.
(State or country)13. Occupation
Nature of industry Miner14. MOTHER
Full maiden name Elisa Gomez15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.16. Color or race Met. 17. Age at last birthday 28 (Years)18. Birthplace (city or place) Jalisco, Met.
(State or country)19. Occupation
Nature of industry Housewife20. Number of children of this mother } (a) Born alive and now living _____
(Taken as of time of birth of child herein } (b) Born alive but now dead _____
certified and including this child.) } (c) Stillborn _____

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 11³⁰ p. m. on the date above stated
(Was 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 Byril M. Crow M.D. (Physician or midwife.)
Address Miami, ArizonaGiven name added from a supplemental report. Filed Jan 4, 26 1926 P. E. Davis Local Registrar.
Month, day, year

Registrar

Filed _____, 19____

County Registrar

262-1128-579

N. H. 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. S. L. A. F. K. M. A. S. N. T. K. E. G. O. R. L.