

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 162 ✓

Registered No. 432

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 62 Davis Canon st. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ernesto Ariola { 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 _____ 6. Legitimate? yes 7. Date of birth Dec. 18, 1925
Month Day Year

8. FATHER
Full name Juan Ariola

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

10. Color or race Mex. 11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Sonora, Mex.
(State or country)

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Ramona Garcia

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

16. Color or race Mex. 17. Age at last birthday 18 (Years)

18. Birthplace (city or place) El Paso, Texas
(State or country)

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother _____ } (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child.) } (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 4:30 p.m. on the date above stated
(Born alive or stillborn)

Signature Lyril M. Crow M.D.
Physician (Physician or midwife)

Address Miami, Arizona

Filed Jan 9, 1926 A. E. Dism
Registrar

*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.

Given name added from a supplemental report _____
Month, day, year

Registrar

511-1018-971

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.