

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

State File No. 117
 Registered No. 402

1. PLACE OF BIRTH

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

2. Full name of child Maria Santiago { 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 _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Jan. 2, 1926.
 Month Day Year

8. FATHER
 Full name Manuel Santiago

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

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

12. Birthplace (city or place) Jalisco Mex.
 (State or country)

13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Gertrudes Valenzuela

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

16. Color or race Mex. 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Sonora Mex.
 (State or country)

19. Occupation
 Nature of industry Housewife

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 4
 (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 11¹⁵ 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 Layla M. Cron M.D.
Physician
 (Physician or midwife).

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

Filed Jan 24, 1926 L. E. Tom
 Registrar

476-102-751

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.