

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of _____
 District of _____
 Town of _____
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 121
 County Registrar No. _____
 Local Registrar No. 447

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child Infir Barry (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child F To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ } 6. Legitimate? Yes } 7. Date of birth 1 2 26
 5. No. in order of birth _____ } Month Day Year

8. FATHER
 Full name M B Diney

14. MOTHER
 Full name Elena Miramon

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

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

10. Color or race Wax
 11. Age at last birthday 54 (Years)

16. Color or race Wax
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Wax
 (State or country)

18. Birthplace (city or place) Ariz
 (State or country)

13. Occupation
 Nature of Industry Pool Hall Prop.

19. Occupation
 Nature of Industry Hairdressing

20. Number of children of this mother 3
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 2
 (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 Infir Barry at 9:40 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 C. H. Perkins (Physician or midwife)
 Address _____

Given name added from a supplemental report _____
 Month, day, year _____
 Registrar _____
 Filed Jan 24 1926 Local Registrar _____
 County Registrar _____

379-102-545