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.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150

County Registrar No.

Local Registrar No. 448

PLACE OF BIRTH

1. County of

District of

Town of

or

City of No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Julieta Robles { 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~~ | 5. No., in order of birth 1st | 6. Legitimate? yes | 7. Date of birth 1 (Month) 13 (Day) 26 (Year)

8. FATHER

Full name Alfredo Robles

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Ariz.

10. Color or race Mex

11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Mexico

(State or country)

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Dolores Chavez

15 Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

16 Color or race Mex.

17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Mexico

(State or country)

19. Occupation

Nature of industry H. W.

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 3

(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 alive at 5 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. F. Perkins (Physician or midwife).

Address

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

Filed Jan 24, 1926 C E Irwin Local Registrar.

Registrar

Filed , 19 County Registrar.

192 - 113 - 439