

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
 1. County of GILA-
 District of _____
 Town of MIAMI-
 or _____
 City of _____ No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 192
 County Registrar No. 469
 Local Registrar No. _____

2. Full name of child José - Corral
 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 Jan 24-1926 Month Jan day 24 year 1926

5. FATHER
 Full name Manuel H. Corral-
 3. Residence #603 Sullivan St.
 (Usual place of abode) Miami-Arizona
 If nonresident, give place and state _____

14. MOTHER
 Full maiden name Solidad Lopez-
 15. Residence #603 Sullivan St.
 (Usual place of abode) Miami-Arizona
 If nonresident, give place and state _____

10. Color or race Mex
 11. Age at last birthday 35 (Years)

16. Color or race Mex-
 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Chihuahua
 (State or country) District of Parral.

18. Birthplace (city or place) Chihuahua
 (State or country) Parral District

13. Occupation Miner-
 Nature of industry _____

13. Occupation House Wife-
 Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn 4- 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 Alive at 1:30 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 evidences of life after birth.
 Signature _____ (Physician or midwife)
 Address 808 Lincoln Park

Given name added from a supplemental report _____
 Month, day, year. _____ Filed January 30, 1926
 Registrar. _____ County Registrar. C. E. Drum
 Local _____

133-124-239