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. 164

County Registrar No. —

Local Registrar No. 509

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of 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 Blanca Ema Terrazas { 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 | 6. Legitimate? Yes | 7. Date of birth 2 (Month) 22 (Day) 26 (Year)

8. FATHER

Full name Manuel Terrazas

9. Residence (Usual place of abode)

If non-resident, give place and state. Miami

10. Color or race Mex

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mexico

(State or country)

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Emelia Muñoz

15 Residence (Usual place of abode) Miami

If non-resident, give place and state.

16 Color or race Mex

17. Age at last birthday 22 (Years)

18. Birthplace (city or place)

(State or country) Mexico

19. Occupation

Nature of industry HW.

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 1

(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 alive (Born alive or stillborn.) at 4 a.m. on the date above stated

* 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. A. Perkins (Physician or midwife).

Address

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

Filed Mch 4, 1926 C. E. Irvin Local Registrar.

Registrar

Filed , 19

County Registrar.

232-222-559