

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 Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139a
County Registrar No. 682
Local Registrar No. _____

2. Full name of child Maria Sanchez
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(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 _____
5. No., in order of birth _____
6. Legitimate? yes
7. Date of birth Feb. 6, 1926
Month Day Year

8. FATHER
Full name Gregorio Sanchez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

14. MOTHER
Full maiden name Felicita Chavez
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex.
11. Age at last birthday 37 (Years)

16. Color or race Mex.
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Durango, Mex.
(State or country)

18. Birthplace (city or place) Chihuahua, Mex.
(State or country)

13. Occupation Miner
Nature of Industry Mining

19. Occupation Housewife
Nature of Industry

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 5
(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 1:10 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 Cyril M. Brown, M.D.
Address Miami, Arizona
(Physician or midwife)

Given name added from a supplemental report. Filed July 7, 1926 C. E. Dmy
Month, day, year Local Registrar.

Registrar _____ County Registrar _____

429-306-639