

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.

V

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

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

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164a
 County Registrar No. _____
 Local Registrar No. 648

No. 3322 Turkey Shoof Carson Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Josephina Lemou { 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 _____ 6. Legitimate? yes 7. Date of birth McH. 17, 1926
 Month Day Year

8. FATHER
 Full name Benjamin Lemou
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 33 (Years)
 12. Birthplace (city or place) Jalisco, Mex.
 (State or country)
 13. Occupation
 Nature of industry miner

14. MOTHER
 Full maiden name Ramona De La Cruz
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 16. Color or race Mex.
 17. Age at last birthday 25 (Years)
 18. Birthplace (city or place) Jalisco, Mex.
 (State or country)
 19. Occupation
 Nature of industry Housewife

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 4
 (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 2 A 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 Byrd M. Brown, M.D. (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report _____
 Month, day, year _____
 Filed June 4, 1926 Lo. E. Irwin Local Registrar.
 Registrar _____ County Registrar.

135-317-949