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. 194

County Registrar No.

Local Registrar No. 557

PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

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 Jose Atilano (If child is not yet named, make supplemental report, as directed.)

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 Mch. 29, 1926. (Month Day Year)

8. FATHER

Full name Jose Atilano

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 25 (Years)

12. Birthplace (city or place) Jalisco

(State or country) Mex.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Felicitas Huerta

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

(State or country) Mex.

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

(b) Born alive but now dead

(c) Stillborn 3

21. Were precautions taken against ophthalmia neonatorum? ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn) at 1 P. 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 Cyril M. Crow M.D. (Physician or ~~midwife~~).

Address Miami, Arizona.

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

Filed April 7, 1926 C. E. Irwin Local Registrar.

Registrar

Filed , 19 County Registrar.

116-329-681