

WRITE IN INK 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

ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of _____

Town of Meams

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 200

County Registrar No. _____

Local Registrar No. 555

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

2. Full name of child Roberto Zapata } 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. Legitimate? Yes 6. Date of birth March 31 1926
Month day year

FATHER
7. Name Mauricio Zapata

MOTHER
8. Full maiden name Mariana Altamirano

9. Residence (Usual place of abode) Miami
If nonresident, give place and state

15. Residence (Usual place of abode) Miami
If nonresident, give place and state

10. Color or race Negro
14. Age at last birthday 35 (Years)

16. Color or race Negro
17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) Mexico
(State or country)

13. Occupation Miner
Nature of industry

19. Occupation Home mfg
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 6
(b) Born alive but now dead 0
(c) Stillborn 1

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 alive or stillborn) _____ at _____ 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 evidences of life after birth.

Signature Alfred Brantley (Physician or midwife)

Address _____

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

Filed April 2 1926 Local Registrar.

Filed _____ 19____ County Registrar.

Registrar.

County Registrar.

991-331-416