

ALL INFORMATION ON THIS FORM IS TO BE FURNISHED TO THE BUREAU OF VITAL STATISTICS, AND THE NUMBER OF EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Coila

District of _____

Town of _____

or _____

City of Miami

BUREAU OF VITAL STATISTICS

State Index No. 28

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. 591

No. 5 Davis Canyon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edelma Fuentes (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 April 6 - 1926
Month Day Year

8. FATHER
Full name Santiago Fuentes

14. MOTHER
Full maiden name Francisca Fuentes

9. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 25 (Years)

16. Color or race Mexican

17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Maunabo, Ariz.
(State or country)

18. Birthplace (city or place) Morenci, Ariz.
(State or country)

13. Occupation Miner
Nature of Industry

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 None
(c) Stillborn None

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 _____ at 3 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 E. J. Hotel
(Physician or midwife)

Address Miami, Ariz.

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

Filed Apr 30 1926

G. E. Irwin
Local Registrar.

Registrar _____

Filed _____, 19____

County Registrar.

569-406-669