

1. STATE OF ARIZONA, DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, ORIGINAL CERTIFICATE OF BIRTH, 1926

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. 136

County Registrar No. _____

Local Registrar No. 586

No. 68 Mex. Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Macias { 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 Apr. 9, 1926.
Month Day Year

8. FATHER
Full name Matilde Macias

14. MOTHER
Full maiden name Refugia Morales

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

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 23 (Years)

16. Color or race Mex. } 17. Age at last birthday 18 (Years)

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

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

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother } (a) Born alive and now living 1
(Taken as of time of birth of child herein } (b) Born alive but now dead _____
certified and including this child.) } (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 2:30 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 Leyril M. Cron M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Filed Apr 22, 1926 B. E. Dora Local Registrar.
Month, day, year

Registrar

Filed _____, 19____

County Registrar.

442-409-949