PLACE OF BIRTH

1. County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 177

County Registrar No.

Local Registrar No. 655

No. 604 Live Oak St. St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Librada Pereda (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 May 28, 1926 (Month Day Year)

8. FATHER

Full name Galo B. Pereda

9. Residence (Usual place of abode) Miami.

If non-resident, give place and state. Arizona

10. Color or race Mex.

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Sonora

(State or country) Mex.

13. Occupation Laborer

Nature of industry Mining

14. MOTHER

Full maiden name Antonia Ribera

15 Residence (Usual place of abode) Miami.

If non-resident, give place and state. Arizona

16 Color or race Mex.

17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Aguas Caliente

(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

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 (Born alive ~~or stillborn~~) at 8 A. 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 June 4, 1926 B. E. Irwin Local Registrar.

Registrar

Filed , 19 County Registrar.

371-526-191

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the order of birth stated.