

MARGIN RESERVED FOR PENDING

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 noted.

# ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

1. County of Siila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 113  
County Registrar No. 694  
Local Registrar No. \_\_\_\_\_

2. Full name of child Marie Jesus Tomali  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(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 June 11, 1926  
Month Day Year

8. FATHER  
Full name Daniel Tomali  
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 32 (Years)  
12. Birthplace (city or place) Sinaloa  
(State or country) Mex.  
13. Occupation miner  
Nature of Industry Mining

14. MOTHER  
Full maiden name Ramona Chavarria  
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 30 (Years)  
18. Birthplace (city or place) Chihuahua  
(State or country) Mex.  
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 2  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
21. Were precautions taken against phthalthmia neonatorum? yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 3:40 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 Loyd M. Brown M.D.  
(Physician or midwife)  
Address Miami, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Filed July 7, 1926 C. E. Drown  
Month, day, year Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

439-611-931