

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 stated.

PLACE OF BIRTH

1. County of Yuma
District of 1
Town of _____
or _____
City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128
County Registrar No. 673
Local Registrar No. _____

2. Full name of child Cruz Zamora } 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 eyes
6. Legitimate? _____
7. Date of birth June-19-1926
Month day year

3. FATHER
Full name Antonio Zamora

14. MOTHER
Full maiden name Maria Holguin

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

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If nonresident, give place and state

10. Color or race Mexican
11. Age at last birthday 32 (Years)

16. Color or race Mexican
17. Age at last birthday 26 (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 Housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child hereon certified and including this child.)
(a) Born alive and now living 3
(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 7 P. 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 evidences of life after birth.
Given name added from a supplemental report _____
Month, day, year.

Signature E. J. Sotelo
(Physician or midwife)
Address Miami, Ariz

Month, day, year. _____

Filed July 3, 1926
Local Registrar. Le E. Brown

Registrar. _____ County Registrar.

391-619-485