

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 13679
County Registrar No. 679
Local Registrar No. _____

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

No. 52 Grover Canyon, Lower Miami
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Paulina Landoval } 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. 1st } 6. Legitimate? yes } 7. Date of birth June 21-1926
Month day year

8. FATHER
Full name Pioquinto Landoval

14. MOTHER
Full maiden name Solidad Landoval

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

15. Residence (Usual place of abode) Lower Miami
If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 31 (Years)

16. Color or race Mexican

17. Age at last birthday 25 (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 House wife
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 4
(b) Born alive but now dead 2
(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 20 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.

Signature P. J. Joteland
(Physician or midwife)

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

Filed July 3, 1926
Local Registrar. _____

Registrar. _____

Filed _____ 19 _____

County Registrar. _____

723-621-223