

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of miami

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 176
County Registrar No. _____
Local Registrar No. 760

No. 716 Church Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Julia Cruz [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. yes 6. Legitimate? _____ 7. Date of birth July 30 1926
Month Day Year

8. FATHER
Full name José Cruz

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

10. Color or race mexican 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) _____
(State or country) mexico

13. Occupation miner
Nature of Industry

14. MOTHER
Full maiden name Pomposa Ybarra

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

16. Color or race mexican 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) _____
(State or country) mexico

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother } (a) Born alive and now living 3
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 0 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 alive at 3:30 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 J. J. Miller (Physician or midwife)

Address miami, Arizona

Given name added from _____ Filed Aug 7, 1926 _____ Local Registrar.
Month, day, year

Registrar _____ Filed _____ 19____ County Registrar.

939-730-781