

RESERVED FOR BLENDING

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

ARIZONA STATE BOARD OF HEALTH

1. County of Cocopa

BUREAU OF VITAL STATISTICS

State Index No. 133

District of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Town of _____

or Miami

Local Registrar No. 765

City of _____

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

2. Full name of child Angel Marvin } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male 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 Aug 2 - 1926
Month day year

3. FATHER Full name Felix Marvin

14. MOTHER Full maiden name Natalia Sujiles

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

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If nonresident, give place and state

10. Color or race Mexican

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12. Birthplace (city or place) Mexico
(State or country)

17. Age at last birthday 39 (Years)

13. Occupation Miner
Nature of industry

18. Birthplace (city or place) Mexico
(State or country)

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 1
(b) Born alive but now dead none
(c) Stillborn none

19. Occupation House wife
Nature of industry

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 2 1/2 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.
Signature E. J. Jatala
(Physician or midwife)
Address Miami, Ariz

Given name added from a supplemental report _____ Filed Aug 10, 1926 Local Registrar.

Registrar. _____ Filed _____, 19____ County Registrar.

145-902-536