

Use of more than one child at a birth, a SEPARATE RETURN must be made for each, and the order of birth stated.

PLACE OF BIRTH

Gila

ARIZONA STATE BOARD OF HEALTH

1. County of _____
District of *Lower Miami*
Town of *Miami*
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. *181*
County Registrar No. *808*
Local Registrar No. _____

2. Full name of child *Jacinta Dabalos* (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. _____ 6. Legitimate? *yes* } 7. Date of birth *Aug 17 1926*
Month Day Year

8. FATHER
Full name *Isidoro Dabalos*

14. MOTHER
Full maiden name *Maria Alvaris*

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

15. 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)

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

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

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

13. Occupation *Laborer*
Nature of industry *Copper Smelter*

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 *3*
(b) Born alive but now dead *0*
(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 *4 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 evidence of life after birth.

Signature *J. J. Miller*
(Physician or midwife)

Address *Miami, Arizona*

Given name added from a supplemental report. Filed *Sept 8 1926* Local Registrar.

Registered _____ 19____ County Registrar.

142-817-412