

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 196
 Registered No. 490

1. PLACE OF BIRTH

County Gila State _____
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____

2. Full name of child Margarita Laenz birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child girl To be answered ONLY in event of plural birth. } 4. Twin, triplet or other. _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Aug 21 1926
 Month Day Year

8. FATHER
 Full name Alfredo Laenz
 9. Residence (Usual place of abode) Warrior Siding
 If non-resident, give place and state. _____
 10. Color or race Mexican
 11. Age at last birthday 25 (Years)
 12. Birthplace (city or place) Paradisi
 (State or country) Mexico
 13. Occupation miner
 Nature of industry _____

14. MOTHER
 Full maiden name Paula Padilla
 15. Residence (Usual place of abode) Warrior Siding
 If non-resident, give place and state. _____
 16. Color or race Mexican
 17. Age at last birthday 19 (Years)
 18. Birthplace (city or place) Guarez de
 (State or country) Mexico
 19. Occupation Domestic
 Nature of industry _____

20. Number of children of this mother 2
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (b) Born alive but now dead _____
 (c) Stillborn _____
 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 born alive at 0257 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 Jyana Martinez
Blaypool
 (Physician or midwife).

Given name added from a supplemental report _____
 Month, day, year _____
 Address _____
 Filed Aug 25 19 26 L. E. J. Jr
 Registrar

479-821-771

WRITE PLAINLY. IF 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.