

AN ORIGINAL MUST BE MADE FOR EACH, AND THE NUMBER OF EACH MUST BE RECORDED.

PLACE OF BIRTH

*Gila*

ARIZONA STATE BOARD OF HEALTH

County of

District of

Town of

or

City of

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No.

County Registrar No.

Local Registrar No.

*221*

*812*

No. *1005 Sullivan St.*

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If 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.)

2. Full name of child

*Augustin Beltran*

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

7. Date  
of birth

*Aug 28 1926*  
Month Day Year

*male*

5. No., in order of birth

*yes*

8. Full name

FATHER

*Francisco Beltran*

14. Full maiden name

MOTHER

*Matilda Madrid*

9. Residence  
(Usual place of abode)

*Miami Arizona*

15. Residence  
(Usual place of abode)

*Miami Arizona*

If non-resident, give place and state.

If non-resident, give place and state.

10. Color or race

*Mexican*

11. Age at last birthday *35* (Years)

16. Color or race

*Mexican*

17. Age at last birthday *33* (Years)

12. Birthplace (city or place)

*Rincon*

18. Birthplace (city or place)

*Mexico*

(State or country)

(State or country)

13. Occupation

*Miner*

Nature of Industry

*Copper*

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 *4*

(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*  
(Born alive or stillborn)

at *8:15 P.* m. on the date above stated

\* 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

Month, day, year

Filed

*Sept 8 1926*

19

*C. E. Iron*  
Local Registrar.

Local Registrar.

Registrar

Filed

19

County Registrar.

*125-858-443*