

ARIZONA STATE BOARD OF HEALTH

V

WRITE ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

1. County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____ No. 20 Hill St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 118
 County Registrar No. 826
 Local Registrar No. _____

2. Full name of child Rosa Simon { 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 Sept 5, 1926
 Month Day Year

8. FATHER
 Full name Carmen Simon
 Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) Jalisco
 (State or country) Mex.
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Antonia Mendoza
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 16. Color or race Mex.
 17. Age at last birthday 22 (Years)
 18. Birthplace (city or place) Guanajuato
 (State or country) Mex.
 19. Occupation
 Nature of industry Housewife

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 2 (b) Born alive but now dead 1 (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 at 11:30 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 Byril M. Brown, M.D. (Physician or midwife.)
 Address Miami, Ariz.

Given name added from a supplemental report _____ Filed Sept 15, 1926 R. E. J... Local Registrar.
 Month, day, year
 _____ Filed _____, 19____ _____ County Registrar.

935-905-141