N. B.—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

1. County of Gila

District of

Town of Miami

or

City of ..... No. 814 Sullivan St., ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 123

County Registrar No. 838

Local Registrar No.

2. Full name of child Mercedes Puentes (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 ..... 5. No., in order of birth .....

6. Legitimate? yes

7. Date of birth Sept. 7, 1926. (Month, Day, Year)

FATHER

8. Full name Telesforo Puentes

9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race Mex.

11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Jalisco. (State or country) Mex.

13. Occupation

Nature of industry Miner

MOTHER

14. Full maiden name Leonore Mendoza

15. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

16. Color or race Mex.

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Tyron. (State or country) New 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 1

(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 (Born alive ~~or stillborn~~.) at 8:30 A. 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 Cyril M. Crow M.D. (Physician or ~~midwife~~).

Address Miami, Arizona

Given name added from a supplemental report ..... Month, day, year

Filed Sept 15, 1926 C. E. Ivey Local Registrar.

Registrar

Filed ....., 19.... County Registrar.

472-907. 341