

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 order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

State Index No. 159

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 853

Local Registrar No. \_\_\_\_\_

No. 20 Porto Rico Canon Ward \_\_\_\_\_

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

2. Full name of child Lena Ariza (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. Legitimate? yes 5. No., in order of birth \_\_\_\_\_ 6. Date of birth Sept. 23, 1926 Month Day Year

8. FATHER Full name Pedro Ariza

14. MOTHER Full maiden name Diaga Mascota

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

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10. Color or race Mex. 11. Age at last birthday 29 (Years)

16. Color or race Mex. 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Agua Calientes Mex. (State or country)

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

13. Occupation Nature of industry Laborer

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 4 (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 at 8 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 Layla M. Brown M.D. (Physician or midwife) Address Miami, Ariz.

Given name added from a supplemental report. Filed Oct 4, 19 26 E. E. J. J. Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19 \_\_\_\_\_ County Registrar.

311-923-441