PLACE OF BIRTH

1 y of Gila

D of

T Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 143

County Registrar No.

Local Registrar No. 877

C No. 907 Sullivan St St., Ward

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

2 name of child Julian Jaurez { If child is not yet named, make supplemental report, as directed.

3 Child Ale | 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 Oct. 6, 1926. Month Day Year

8 FATHER	14. MOTHER
F ne Julian Jaurez	Full maiden name Elisa de la Fuente
9. ence (usual place of abode) Miami	15 Residence (Usual place of abode) Miami,
-resident, give place and state. Arizona	If non-resident, give place and state. Arizona
1 or race Mex.	16 Color or race Mex.
11. Age at last birthday 25 (Years)	17. Age at last birthday 23 (Years)
1 place (city or place) Coahuila	18. Birthplace (city or place) Prescott
ate or country) Mex.	(State or country) Arizona
1 pation	19. Occupation
N of industry Miner	Nature of industry Housewife

20. er of children of this mother (T of time of birth of child herein cer nd including his child.) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I h certify that I attended the birth of this child, who was born (Born alive or stillborn.) at 10 15 A. m. on the date above stated

{ r there was no attending physician wife, then the father, householder, ould make this return. A stillborn s one that neither breathes nor other evidence of life after birth. }

Signature Cyril M. Crow M.D. (Physician ~~or midwife~~).

Address Miami, Arizona.

Came added from emental report Month, day, year Filed Nov 4, 19 6 C. E. Trim Local Registrar.

Registrar Filed , 19 County Registrar.

119-1006-545