ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157-a

County Registrar No.

Local Registrar No. 321

PLACE OF BIRTH

1. County of

District of

Town of

or

City of No. St. Ward

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

2. Full name of child Juan Nolasco

If child is not yet named, make supplemental report, as directed.

3. Sex of Child M

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 10-11-26 (Month Day Year)

8. FATHER

Full name Miguel Nolasco

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Ariz.

10. Color or race

11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Mexico

(State or country)

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Josefa Hernandez

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Ariz.

16. Color or race Mex.

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Mexico

(State or country)

19. Occupation

Nature of industry H.W.

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 5

(b) Born alive but now dead 4

(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 Alive (Born alive or stillborn.) at 7:15 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 C. R. Robles (Physician or midwife).

Address

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

Filed Aug 11, 1927 C. E. Orr Local Registrar.

Registrar

Filed , 19 County Registrar.

156-1011-189

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

V. S. No. 2