

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 165County Registrar No. 882

Local Registrar No. _____

No. 3015 Turkey Shoot St. _____ Ward _____

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

2. Full name of child Jesús Ortiz { If child is not yet named, make supplemental report, as directed.3. Sex of Child Male 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. 15, 1926
Month Day Year8. FATHER
Full name Clariss Ortiz
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 38 (Years)14. MOTHER
Full maiden name Pabla Vasquez
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 24 (Years)12. Birthplace (city or place) Jalisco, Mex.
(State or country)18. Birthplace (city or place) Jalisco, Mex.
(State or country)13. Occupation
Nature of industry Miner19. Occupation
Nature of industry Housewife20. 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 3
(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 7:30 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 Leyril M. Brown M.D. (Physician or midwife)
Address Miami, ArizonaGiven name added from a supplemental report. Filed Nov 4 1926 Local Registrar. _____

Registrar _____ Filed _____ 19 _____ County Registrar. _____

169-1015-759

N. B.—In case of more than one child at a birth, a Separate Certificate must be filed for each child in the order of birth stated.