

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

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 199
County Registrar No. 907
Local Registrar No. _____

2. Full name of child Maria Rascon (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 Oct 26 1926 Month Day Year

8. FATHER Full name Antonio Rascon

14. MOTHER Full maiden name Prageli Bejerano

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

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

10. Color or race Mexican 11. Age at last birthday 38 (Years)

16. Color or race Mexican 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mexico (State or country)

18. Birthplace (city or place) Daughter Texas (State or country)

13. Occupation miner, Copper Nature of industry

19. Occupation Housewife Nature of industry

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 6 (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 at 10:20 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 J. J. Miller (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____ Filed Nov 11 1926 Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

495-1026-624