

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. 121
County Registrar No. 920
Local Registrar No. _____

2. Full name of child Maria Santa Maria (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
{ 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 Nov. 3, 1926
Month Day Year

8. FATHER
Full name Manuel Santa Maria
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 37 (Years)

14. MOTHER
Full maiden name Carmen Alameda
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 29 (Years)

12. Birthplace (city or place) Sonora
(State or country) Mex.
13. Occupation
Nature of industry Miner

18. Birthplace (city or place) Nogales
(State or country) Arizona
19. Occupation
Nature of industry Housewife

20. Number of children of this mother } (a) Born alive and now living 5
(Taken as of time of birth of child herein } (b) Born alive but now dead 1
certified and including this child.) } (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 1:15 A. M. on the date above stated
(Born alive or stillborn.)

Signature Byrne M. Cron M.D.
Address Miami, Ariz.
(Physician or midwife.)

Given name added from a supplemental report. _____
Month, day, year _____ Filed Nov 23, 1926 Do. E. Iron
Local Registrar.

Registrar _____ Filed _____, 19 _____ County Registrar.

441-1103-311