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 order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 143
County Registrar No. 933
Local Registrar No.

PLACE OF BIRTH

1. County of Gila
District of
Town of Claypool
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 Miguel Figueroa Jr. (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 Nov. 11 1926 (Month Day Year)

FATHER

8. Full name Miguel Figueroa
9. Residence (Usual place of abode) Claypool
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 49 (Years)
12. Birthplace (city or place) Mexico (State or country)
13. Occupation Miner
Nature of industry

MOTHER

14. Full maiden name Jesus Vladiviezo
15. Residence (Usual place of abode) Claypool
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 31 (Years)
18. Birthplace (city or place) Mexico (State or country)
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 3
(b) Born alive but now dead 1
(c) Stillborn 1

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 alive or stillborn.) at 2 a. 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. S. Fotel M.D. (Physician or midwife).
Address Miami Ariz

Given name added from a supplemental report ..... Month, day, year Filed Dec 1 26, 19 ..... C. E. Irwin Local Registrar.

..... Registrar Filed ....., 19 ..... County Registrar.

461-1111-1510