

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

Gila

ARIZONA STATE BOARD OF HEALTH

1. County of _____

District of _____

Town of *Miami*

or _____

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. *131*

County Registrar No. *943*

Local Registrar No. _____

No. *638 (Ren 85)* *Red Spring Canyon* St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Cneception Cruz*

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

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? *yes*

7. Date of birth

Dec 7 1926
Month Day Year

male

5. No., in order of birth _____

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

10. Color or race *Mexican*

11. Age at last birthday *33* (Years)

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

13. Occupation *Miner*
Nature of industry *Copper*

14. Full maiden name *Maria Vargas*

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

16. Color or race *Mexican*

17. Age at last birthday *25* (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 *4*
(b) Born alive but now dead *2*
(c) Stillborn *0*

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 *6:30 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 *J. J. Miller*
(Physician or midwife)
Address *Miami, Arizona*

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

Filed *Dec 11, 1926* *C. D. Jim*
Local Registrar.

Registrar _____ Filled _____, 19 _____ County Registrar.

339-1207-452