WRITE ONLY WITH UNFADING INK—THIS IS A PERMA

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

1. County of Pima

District of

Town of

or

City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137

County Registrar No. 9119

Local Registrar No.

No. (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward

2. Full name of child Moura De La Paz

(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 Month Day Year (Accepted 9-11-36)

FATHER

8. Full name Francisco De La Paz

9. Residence (Usual place of abode) Miami, Gila Co.

If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Mexico City

(State or country) Mexico

13. Occupation Gardner

Nature of industry

MOTHER

14. Full maiden name Concepcion Hernandez

15. Residence (Usual place of abode) Miami, Gila Co.

If non-resident, give place and state.

16. Color or race Mexican

17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Jalisco

(State or country) Mexico

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 2

(c) Stillborn 3

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 at 12:15 A.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 Charles E. Dunn (Physician or midwife)

Address Miami, Gila Co.

Given name added from a supplemental report

Month, day, year

Filed Dec 11, 36 Chas. E. Dunn

Local Registrar

Registrar

Filed , 19

County Registrar

4-1-19 — 1-20-9-2-16