

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.

V

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 189
County Registrar No. 961
Local Registrar No. _____

No. 1015-A Buller St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eladia Fontas {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 _____ 6. Legitimate? yes 7. Date of birth Dec 27 1926
Month Day Year

8. FATHER Full name Emilio Fontas

14. MOTHER Full maiden name Margarita Montoya

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 White 11. Age at last birthday 30 (Years)

16. Color or race White 17. Age at last birthday 21 (Years)

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

18. Birthplace (city or place) New Mexico
(State or country)

13. Occupation miner
Nature of industry Copper

19. Occupation Housewife
Nature of industry

20. Number of children of this mother } (a) Born alive and now living 3
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (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 7:15 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 J. J. Tomlin
Address Miami, Arizona
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year _____
Filed Jan 5 1927 Local Registrar.

Registral _____ Filed _____ 19 _____ County Registrar.

561-1227-421