

## PLACE OF BIRTH

County of Gila  
 District of Miami  
 Town of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 103  
 County Registrar No. \_\_\_\_\_

Local Registrar No. 12

No. Rose Road by 1583 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 Full name of child Consuela Pallas Juarez ) If child is not yet named, make supplemental report, as directed.

Sex of Child Girl To be answered ONLY in event of plural births. 4. Twin, triplet or other No 6. Legitimate? Yes 7. Date of birth Jan 6 - 1928  
 Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

8. FATHER  
 Full name Francisco Juarez  
 9. Residence (Usual place of abode) Miami  
 If nonresident, give place and state \_\_\_\_\_

14. MOTHER  
 Full maiden name Rosa Ramos  
 15. Residence (Usual place of abode) Miami  
 If nonresident, give place and state \_\_\_\_\_

10. Color or race Mex  
 11. Age at last birthday 21 (Years)

16. Color or race Mex  
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Trompsburg, Texas  
 (State or country) \_\_\_\_\_

18. Birthplace (city or place) Tulsa, Okla  
 (State or country) \_\_\_\_\_

13. Occupation  
 Nature of industry Miner

19. Occupation  
 Nature of industry house wife

20. Number of children of this mother taken as of time of birth of child hereinafter mentioned and including this child. (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn \_\_\_\_\_  
 21. Were precautions taken against septicæmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

hereby certify that I attended the birth of this child, who was female at 12 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 evidences of life after birth.  
 Name added from supplemental report \_\_\_\_\_

Signature L. M. Castillo Physician or midwife)  
 Address \_\_\_\_\_

Month, day, year. 3/2-106-972  
 Registrar.

Filed Jan 15, 1928 Local Registrar.

County Registrar.