

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or

City of MiamiBUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 181County Registrar No. 81

Local Registrar No. _____

2. Full name of child Virginia Marquez

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, 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? Yes7. Date of birth June 22
Month day

5. No., in order of birth _____

8. FATHER

Full name Mrs Mercedes Marquez9. Residence (Usual place of abode) Miami

If nonresident, give place and state

10. Color or race Mex11. Age at last birthday 48 (Years)12. Birthplace (city or place) San Juan
(State or country) Jalisco Mex13. Occupation miner

Nature of industry

14. MOTHER

Full maiden name Refugia Riancho15. Residence (Usual place of abode) Miami

If nonresident, give place and state

16. Color or race Mex17. Age at last birthday 28 (Years)18. Birthplace (city or place) San Juan
(State or country) Jalisco Mex19. Occupation house wife

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.) 4(a) Born alive and now living 4
(b) Born alive but now dead _____
(c) Stillborn _____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 3 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.

Given name added from a supplemental report

Month, day, year.

Signature L. M. Castilla

Address _____

Filed Feb 29 1928

Filed _____

(Physician or midwife)

Local Registrar

County Registrar

Registrar.

942-222-741

A. T. ASCO. READING INK- IN order of birth stated. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.

ACTA PLAINL.