PLACE OF BIRTH

1. County of Gila

District of

Town of

or City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 134

County Registrar No. 149

Local Registrar No.

No. 308½ A Live Oak Alley St. Ward

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

2. Full name of child Josefina Navarro } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Girl

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 Apr 15 1928 (Month day year)

FATHER

8. Full name Jose Navarro

9. Residence 308 A Live Oak Alley (Usual place of abode)

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Tepatitlan (State or country) Jalisco Mexico

13. Occupation Miner

Nature of industry

MOTHER

14. Full maiden name Daria Gomez

15. Residence 308½ A Live Oak Alley (Usual place of abode)

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Tepatitlan (State or country) Jalisco Mexico

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 6
(b) Born alive but now dead 2
(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 alive (Born alive or stillborn.) at 4:15 p.m. on the date above stated.

*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.

Signature Rosa Cortez (Physician or midwife)

Address 806 Sullivan St.

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

Registrar.

Filed ..... 19..... Local Registrar.

Filed Apr 20 28 19..... County Registrar.

156 - 415 - 479