(AFFIDAVIT ATTACHED)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 187
County Registrar No. 269
Local Registrar No. 269

PLACE OF BIRTH

1. County of Gila
District of
Town of Miami
or
City of ..... No. ..... St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Andrade — 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 Jun 25 1928 (Month day year)

FATHER	MOTHER
8. Full name Jose Andrade	14. Full maiden name Francisca Feliz
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Miami
If nonresident, give place and state	If nonresident, give place and state
10. Color or race Mex — 11. Age at last birthday 23 (Years)	16. Color or race Mex — 17. Age at last birthday 26 (Years)
12. Birthplace (city or place) Colisa Mx (State or country)	18. Birthplace (city or place) Sinaloa (State or country) Mx
13. Occupation Nature of industry Miner	19. Occupation Nature of industry housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 9
(a) Born alive and now living 3
(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 (Born alive or stillborn.) at ex 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 J M Castilla (Physician or midwife)
Address .....

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

Filed June 30 1928 C. E. Trim Local Registrar.

Registrar.

Filed ..... 19.... County Registrar.

115-625-339