

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 In order of birth stated.
 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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____
Arizona _____

PLACE OF BIRTH

County GILA State ARIZONA
Township _____ or Village _____
City MIAMI No. 711 Live Oak, St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Osbaldo Barragan { If child is r
suppleme

Sex <u>Male</u>	If plural births	4. Twin, triplet, or other _____	6. Premature <u>NO</u>	7. Legitimate? <u>YES</u>	8. Date of birth <u>March</u>
		5. Number, in order of birth _____	Full term _____		(Month, o

FATHER
Full name Manuel Barragan

MOTHER
Full maiden name Emelia Ortiz

10 Residence (usual place of abode)
(If non-resident, give place and State) Miami

19. Residence (usual place of abode)
(If non-resident, give place and State) Miami

11 Color or race Mex. 12. Age at last birthday 25 (Years)

20. Color or race Mex. 21. Age at last b

13. Birthplace (city or place)
(State or country) Morenci
Arizona

22. Birthplace (city or place)
(State or country) Durango
Co

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Mine r

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Hous

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.

16. Date (month and year) last
engaged in this work _____, 19____

25. Date (month and year)
last engaged in this work _____, 19____

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____

28. If stillborn, } .months } 29. Cause of stillbirth _____
period of gestation } or weeks } { Before labor
During lab

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)

{ When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return.

(Signed) Manuel D. G.

Given name added from
supplemental report _____

625-315-569
(Date of)

Address Miami
Filed Oct 14, 1933 No. 10

Registrar.