

ALL CASES OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 154  
Registered No. 289

1. PLACE OF BIRTH

County Gila State Ariz  
District or Township Miami or Village \_\_\_\_\_  
City Miami No. house 81 Red Spruce St. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Elisia Slesold { 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 \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth June 20 1929  
Month Day Year

8. FATHER  
Full name Sancho Slesold

14. MOTHER  
Full maiden name Maria Ochoa

9. Residence (Usual place of abode) Miami  
If non-resident, give place and state.

15. Residence (Usual place of abode) Miami  
If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 30 (Years)

16. Color or race Mex 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Chihuahua Mex  
(State or country)

18. Birthplace (city or place) Clifton Ariz  
(State or country)

13. Occupation  
Nature of Industry Miner

19. Occupation  
Nature of Industry house wife

20. Number of children of this mother 3  
(Taken as of time of birth of child herein certified and including this child.)  
(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 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 evidence of life after birth.

Signature J. M. Castillo  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Address 415 15th St  
Filed June 25, 1929 Le. E. Jones  
Registrar

475-620-461