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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, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of San Carlos

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ~~515~~ State Index No. ~~494~~

ORIGINAL CERTIFICATE OF BIRTH 519 Co. Register No.

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Margarita Aginiga. Born Alive YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Yr.)

FATHER

Full Name Primitivo Aginiga.

Residence San Carlos. Arizona

Color or Race Mexican Age at last Birthday 29 (Years)

Birthplace Guanajuato. Mexico

Occupation Laborer

MOTHER

Full Maiden Name Ramona Quosgno

Residence San Carlos Arizona

Color or Race Mexican Age at last Birthday 20 (Years)

Birthplace Guanajuato. Mexico

Occupation Housewife

Number of child of this mother 2nd Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Sept 15 1915, at 6 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Mrs J. M. Luce

(~~Attending physician~~, midwife, ~~householder~~*)

Address San Carlos. Ariz

Given or christian name added from a supplemental report 191

Filed 191

LOCAL REGISTRAR.

A True Copy

411-915-966

COUNTY REGISTRAR.

Filed 191

COUNTY REGISTRAR.