

Write in blue ink, with Unfading Ink.—This is a Permanent Record.

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 the Local Registrar within 5 days after birth.

PLACE OF BIRTH

County of _____
District of _____
Town of _____
or
City of _____

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.

CERTIFICATE OF BIRTH. Ter. Index No. 94
Register No. 117
St.; _____ Ward)

FULL NAME OF CHILD

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

Sex of Child <u>male</u>	Twin, Triplet or other <u>-</u>	and	Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 4</u> 19 <u>10</u> (Month) (Day) (Year)
FATHER			MOTHER		
Full Name <u>Jose Alvarez</u>			Full Maiden Name <u>Angelita Canjas</u>		
Residence <u>Miami</u>			Residence <u>Miami</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>37</u> (Years)	Color or Race <u>Mex</u>		Age at last Birthday <u>33</u> (Years)	
Birthplace <u>Mexico</u>			Birthplace <u>Mexico</u>		
Occupation <u>Home wife</u>			Occupation <u>Home wife</u>		
Number of children of this mother <u>6</u>		Number of children, of this mother, now living <u>4</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

ARIZONA TERRITORIAL
BUREAU OF VITAL
STATISTICS
JUN 20 1910

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on May 4 1910, at 109 M

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

(Signature) W.E. [Signature]
(Attending physician, midwife, householder, etc.)

Given or christian name added from a

supplemental report _____ 19____ Filed _____ 19____
Address Miami A. T.
J.P. Danette
LOCAL REGISTRAR
B.S. [Signature]
COUNTY REGISTRAR

019-504-132
COUNTY REGISTRAR

Filed June 10 1910