

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS. *118 390V*

PLACE OF BIRTH
County of Gila District of _____
Town of Christmas or City of _____
Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 236

Full Name of Child Francisco Sanchez Born YES
Alive ~~NO~~

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>No.</u>	Number; in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Oct 24</u> 19 <u>10</u> (Month) (Day) (Yr.)
FATHER Full Name <u>Sacramento Sanchez</u> Residence <u>Christmas</u> Color or Race <u>Mexican</u> Age at last Birthday (Years) _____		MOTHER Full Maiden Name <u>Saloma Santa Cruz</u> Residence <u>Christmas</u> Color or Race <u>Mexican</u> Age at last Birthday (Years) _____		
Birthplace <u>Artemisa, Sonora, Mexico</u>		Birthplace <u>Florence, Arizona</u> Occupation <u>Housewife</u>		

Number of children, of this mother, now living 2 Were Precautions taken against Ophthalmia neonatorum Yes

Received at PHOENIX **NOV 14 1910**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Oct 24 1910, at 11 P M ³⁰

(Signature) M. R. Puffer, M.D.
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191_____

Address Christmas

Filed _____ 191_____ Dennis Padua LOCAL REGISTRAR
Filed Nov 5 1910 B. J. ... COUNTY REGISTRAR

629-1024-229
COUNTY REGISTRAR

In case of emergency or midnight with the local Registrar with...