2182

Write P[illegible]y, with Unfading I[illegible]—This is a Perma[illegible]t Record.

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 the Local Registrar within 5 days after birth.

PLACE OF BIR[illegible]

County of Gila

District of Miami

Town of Miami

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 105 ~~104~~

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 69

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Austosio Benconio { Born Alive } YES ~~NO~~

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

Sex of Child Male | Twin, Triplet or other | and | Number; in order of birth 3rd | Legitimate? Yes | Date of Birth Mar 29th (Month) (Day) 1911 (Yr.)

FATHER		MOTHER	
Full Name	Venino Benconio	Full Maiden Name	Delphina Beliz
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday (Years)	40	Age at last Birthday (Years)	21
Birthplace	Mexico	Birthplace	Mexico
Occupation	Mechanic	Occupation	House wife

Number of child of this mother 3rd | 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, Mar 29th 1911, at 5 P.M.

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

(Signature) John H Lacy M.D.
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report 191

Address Miami Ariz

Filed April 20 1911 B. G. Gray
LOCAL REGISTRAR.

Filed May 5 1911 B. G. Gray M.D.
COUNTY REGISTRAR.

[illegible]
COUNTY REGISTRAR.