2600

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. Ter. Index No. 74 ~~435~~

ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 89

Local Registrar's No. ____

PLACE OF BIRTH

County of Gila

District of Winkelman

Town of ____ or City of ____

(No. ____ St; ____ Ward)

FULL NAME OF CHILD ____ Born Alive: YES / NO

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

Sex of Child: Female | Twin, Triplet or other: X | and Number in order of birth: 4 | Legitimate? Yes | Date of Birth: Apr. (Month) 4 (Day) 1911 (Yr.)

FATHER

Full Name: Lucido Bracamonte

Residence: Winkelman

Color or Race: Mex | Age at last Birthday: 28 (Years)

Birthplace: Ariz.

Occupation: Lab.

MOTHER

Full Maiden Name: Louisa Garcia

Residence: Winkelman

Color or Race: Mex | Age at last Birthday: 27 (Years)

Birthplace: Ariz.

Occupation: housewife

Number of child of this mother: 4 | Number of children, of this mother, now living: 3 | Were Precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, 4-4 1911, at 12 M

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

(Signature) [illegible]

(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report ____ 191__

Address ____

Filed May 9 1911

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025-404-371

COUNTY REGISTRAR.

LOCAL REGISTRAR.

COUNTY REGISTRAR.

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.