977

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS.

ORIGINAL CERTIFICATE OF BIRTH.

Ter. Index No. ~~147~~ 104

Register No. 156

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or City of

(No. St.; Ward)

FULL NAME OF CHILD Martin Rubalcava

Born Alive Yes

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 4 | Legitimate? Yes | Date of Birth July 28 (Month) (Day) 19 11 (Year)

FATHER		MOTHER	
Full Name	B. Rubalcava	Full Maiden Name	Emma Simms
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	Mex.	Color or Race	Mex.
Age at last Birthday	30 (Years)	Age at last Birthday	19 (Years)
Birthplace	Mex.	Birthplace	Mex.
Occupation	Miner	Occupation	Housewife

Number of child of this mother 4 | Number of children, of this mother, now living 2 | Were precautions taken against Ophtnalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 28, 1911, at 4P M

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

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

Given or christian name added from a supplemental report ..... 19.....

Filed July 30 1911 Address B. G. Lacy

A TRUE COPY. LOCAL REGISTRAR.

491-728-619 COUNTY REGISTRAR.

Filed 8/6 10 B. G. Lacy M.D. COUNTY REGISTRAR

Registrar.

Filed ..... Registrar.

Write ... with Unfading Ink.—This is a Permit ...

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.