

2647

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT 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 BIRTH

ARIZONA TERRITORIAL BOARD OF HEALTH

County of Yuma

BUREAU OF VITAL STATISTICS.

Ter. Index No. 72

District of

ORIGINAL CERTIFICATE OF BIRTH.

Co. Registrar No. 138

Town of Miami

Local Registrar's No.

City of

(No. St; Ward)

FULL NAME OF CHILD Maria Sanchez {Born} YES

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

{Alive} NO

Sex of Child Female Twin, Triplet or other plural and Number, in order of birth Legitimate? yes Date of Birth Nov 3 1911

FATHER Full Name Bernardo Sanchez Residence Miami A.T. Color or Race mex Age at last Birthday 27 Birthplace Mexico Occupation Laborer

MOTHER Full Maiden Name Pegla Enriquez Residence Miami Arizona Color or Race mex Age at last Birthday 19 Birthplace Clifton Arizona Occupation Housewife

Number of child of this mother 3 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 Nov 3 1911 at 2 PM

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

(Signature) [Signature] (Attending physician, midwife, householder)

Given or christian name added from a

Address Miami A.T.

supplemental report.....191.....

Filed Nov 10 1911

B. G. Lee LOCAL REGISTRAR.

429-1103-959

COUNTY REGISTRAR.

Filed Nov 15 1911

B. G. Lee LOCAL REGISTRAR.

COUNTY REGISTRAR.