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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 9 days after birth.

PLACE OF BIRTH **ARIZONA TERRITORIAL BOARD OF HEALTH**  
 County of Gila **BUREAU OF VITAL STATISTICS.** *91*  
 District of Christmas **ORIGINAL CERTIFICATE OF BIRTH.** Co. Register No. 1  
 Town of \_\_\_\_\_ Local Registrar's No. 1  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)  
 FULL NAME OF CHILD Margarita Mungaray { Born } YES  
 { Alive } ~~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 } \_\_\_\_\_ Legitimate? Yes Date of Birth February 23 1912  
 (Month) (Day) (Yr.)

FATHER  
 Full Name Ramon Mungaray  
 Residence Christmas, Arizona  
 Color or Race Mexican Age at last Birthday \_\_\_\_\_ (Years)  
 Birthplace Sonora, Mexico  
 Occupation Stage Driver

MOTHER  
 Full Maiden Name Carmen Verdugo  
 Residence Christmas, Arizona  
 Color or Race Mexican Age at last Birthday 34 (Years)  
 Birthplace Sonora, Mexico  
 Occupation Housewife

Number of child of this mother 10 Number of children, of this mother, now living 10 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, Feb. 23 1912, at Christmas  
 { \*When there is no attending physician or midwife, then the householder should make this return. } (Signature) R. Mungaray  
 (Attending physician, midwife, or householder.)  
 Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_  
 Address Christmas Arizona  
Whipple  
 LOCAL REGISTRAR.  
B. J. Gray  
 COUNTY REGISTRAR.  
 Filed \_\_\_\_\_ 191\_\_\_\_  
 Filed March 1912  
449-223-356  
 COUNTY REGISTRAR