9403

# ARIZONA TERRITORIAL BOARD OF HEALTH

*BUREAU OF VITAL STATISTICS.* 90 Ter. Index No. ~~93~~

**ORIGINAL CERTIFICATE OF BIRTH.** Co. Register No. 46

Local Registrar's No. 40

PLACE OF BIRTH

County of Gila

District of Globe

Town of Miami

or

City of ..... (No. ..... St; ..... Ward)

FULL NAME OF CHILD Jose Vera ..... Born / Alive YES / ~~NO~~

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

| Sex of Child | Twin, Triplet or other plural | and | Number; in order of birth | Legitimate? | Date of Birth |
|---|---|---|---|---|---|
| Male | X | | X | yes | March (Month) 19 (Day) 1912 (Yr.) |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Felipio Vera | Full Maiden Name | |
| Residence | Miami Ariz | Residence | Miami Ariz |
| Color or Race | Mex — Age at last Birthday 33 (Years) | Color or Race | Mex — Age at last Birthday 26 (Years) |
| Birthplace | Mexico | Birthplace | Mexico |
| Occupation | Lahoron | Occupation | House wife |

Number of child of this mother 10 | Number of children, of this mother, now living ~~10~~ 3 | 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,* March 19 1912, *at* 4 P M

(Signature) W. E. McWhirt
(Attending physician, ~~midwife, householder.~~)

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

Address Miami Arizona

*Given or christian name added from a supplemental report* ..... 191.....

Filed Mar 29 1912 — B. G. Fox, LOCAL REGISTRAR.

151-319-500 COUNTY REGISTRAR. — Filed Apr 1 1912 — B. G. Fox MD, COUNTY REGISTRAR.

within 5 days after birth. ..... must be filed by the attending Physician or Midwife with the Local Registrar