9905

WRITE FAMILY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

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

County of Gila

District of Globe

Town of Miami

or

City of

ARIZONA TERRITORIAL BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. 92 Ter. Index No.

ORIGINAL CERTIFICATE OF BIRTH.

Co. Register No. 73

Local Registrar's No. 62

(No. St; Ward)

FULL NAME OF CHILD Ines Yplas

{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
Female	X		X	Yes	April 20 1912 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Jose Yplas	Full Maiden Name	Carmen Lopez
Residence	Miami Ariz	Residence	Miami Ariz
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	40 (Years)	Age at last Birthday	30 (Years)
Birthplace	Mexico	Birthplace	Mexico
Occupation	Mechanic	Occupation	House wife

Number of child of this mother 10 | Number of children, of this mother, now living 8 | 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, April 20 1912, *at* 9 P M

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

(Signature) W. E. McCurtis

(Attending physician, ~~midwife, householder~~)

Address Miami Ariz

Given or christian name added from a supplemental report 191

Filed Apr 23 1912 B. G. Fox

LOCAL REGISTRAR.

982-420-339

COUNTY REGISTRAR.

Filed May 1 1912 B. G. Fox MD

COUNTY REGISTRAR.