

574

PLACE OF BIRTH

County of ~~Yila~~ Yila
District of Miami
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS. State Index No. 75
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 13
Local Registrar's No. _____

(No. _____) St: _____ Ward) _____
FULL NAME OF CHILD Emelis Arnesto } Born } YES
} Alive } ~~NO~~
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	<u>Male</u>	Twin, Triplet or other	<u>X</u>	and	Number in order of birth	Legitimate?	<u>403</u>	Date of Birth	<u>Feb - 8 - 1913</u>
Full Name	FATHER <u>David Arnesto</u>				MOTHER <u>Carmen Trevizo</u>				
Residence	<u>Miami</u>				<u>Miami</u>				
Color or Race	<u>Mex.</u>	Age at last Birthday	<u>2</u>	(Years)	Color or Race	<u>Mex</u>	Age at last Birthday	<u>20</u>	(Years)
Birthplace	<u>Spain</u>				<u>Arizona</u>				
Occupation	<u>Miner -</u>				<u>Housewife</u>				
Number of child of this mother	<u>1</u>	Number of children, of this mother, now living	<u>1</u>	Were precautions taken against Ophthalmia neonatorum?	<u>Yes -</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Feb 8 1913, at 5 AM.
(Signature) John S. Bacon
(Attending physician or wife, householder.)
Given or christian name added from deceased
Address _____

supplemental report _____ 1913
Filed Apr 5 1913 B. G. Gray LOCAL REGISTRAR.
A True Copy Filed Apr 5 1913 B. G. Gray M.D. COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth.