

4255

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 each local Registrar within 5 days after birth.

PLACE OF BIRTH
County of Gila
District of Globe
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 114
Co. Register No. 238
Local Registrar's No. _____
(No. _____ St; _____ Ward)

FULL NAME OF CHILD _____ } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male } Twin, Triplet or other } and } Number in order of birth } Legitimate? yes } Date of Birth 8 9 1914
(Month) (Day) (Yr.)

FATHER
Full Name Esteban Franco
Residence Miami Ariz 334
Color or Race Mexican Age at last Birthday _____ (Years)
Birthplace Mexico
Occupation Miner

MOTHER
Full Maiden Name Martina Alderete
Residence Miami Ariz
Color or Race Mexican Age at last Birthday 26 (Years)
Birthplace El Paso Texas
Occupation Housewife

Number of child of this mother... 7 Number of children, of this mother, now living... 4 Were precautions taken against Ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 8-9 1914, at 4:11 P.M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) E. C. [Signature]
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report _____ 191____
Address Miami Ariz

Filed Aug 15 1914 B. G. [Signature] LOCAL REGISTRAR.
Filed Aug 15 1914 A True Copy B. G. [Signature] COUNTY REGISTRAR.
066-807-415 COUNTY REGISTRAR.