4834

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

CERTIFICATE AMENDED
SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 121 ~~369~~

County of Gila

District of Miami

Town of Miami

or

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

ORIGINAL CERTIFICATE OF BIRTH

Child's given name amended per affidavit of registrant & Discharge from CCC. 11-28-36 (12-20-74 el.

Co. Register No. 206

Local Registrar's No. .....

FULL NAME OF CHILD ~~Francisco~~ Frank Rubio

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

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male					Sept 14 1914 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Pedro Rubio	Full Maiden Name	Ester Marcial
Residence	Miami	Residence	Miami
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	40 (Years)	Age at last Birthday	32 (Years)
Birthplace	Mex	Birthplace	Mex
Occupation	Minor	Occupation	HW

Number of child of this mother 7 | Number of children, of this mother, now living 5 | 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 Sept 14 1914, at 84 M.

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

(Signature) Nelson D Brayton
(Attending physician, ~~midwife, householder.~~*)

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

Address .....

Filed Sept 30 1914 — John H Lacy, LOCAL REGISTRAR.

696-914-543
COUNTY REGISTRAR.

Filed Oct 5 1914 — A True Copy B G Lax MD
COUNTY REGISTRAR.