

2375

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 Miami  
Town of Miami  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH  
State Index No. \_\_\_\_\_  
Co. Register No. 346  
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 Female } Twin, Triplet or other } and } Number in order of birth } Legiti- mate? } Date of Birth 10 - 10 1914  
(Month) (Day) (Yr.)

FATHER  
Full Name Francisco Manuel  
Residence Miami  
Color or Race Spaniard Age at last Birthday 42 (Years)  
Birthplace Spain  
Occupation Miner

MOTHER  
Full Maiden Name Arcardia Oluna  
Residence Miami  
Color or Race Mexican Age at last Birthday 30 (Years)  
Birthplace Mexico  
Occupation Housewife

Number of child of this mother. 5 Number of children, of this mother, now living. 2 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 10/10 1914, at 10<sup>30</sup> P.M.  
{ \*When there is no attending physi- }  
{ cian or midwife, then the householder }  
{ should make this return. }  
(Signature) J. Esnyder M.D.  
(Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_ Address Miami, Ariz

Filed Nov 2 1914 A True Copy John H. Lacey LOCAL REGISTRAR  
Filed Nov 5 1914 B. G. Fox COUNTY REGISTRAR

043-1010-161  
COUNTY REGISTRAR.