2385

N. B.—In case of more than one child at a birth, a SEPARATE REPORT 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 Miami

Town of Miami

or

City of

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

State Index No. 102

Co. Register No. 349

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Ernestina Endlich

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 | and | Number in order of birth | Legitimate? | Date of Birth |
|---|---|---|---|---|---|
| Female | | | | yes | 10 (Month) 22 (Day) 1914 (Yr.) |

| FATHER | MOTHER |
|---|---|
| Full Name: Ed. C. Endlich | Full Maiden Name: Angelina Luna |
| Residence: Miami | Residence: Miami |
| Color or Race: White — Age at last Birthday 25 (Years) | Color or Race: Mexican — Age at last Birthday 19 (Years) |
| Birthplace: Mexico | Birthplace: Bisbee Ariz |
| Occupation: Electrician | Occupation: House wife |

Number of child of this mother 3 | Number of children, of this mother, now living 3 | 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 10/22 1914, at 2 15 A M.

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

(Signature) G. C. Snyder M.D.
(Attending physician, ~~midwife, householder.~~*)

Given or christian name added from a supplemental report 191

Address Miami Ariz

Filed Nov 2 1914 John H Lacy
LOCAL REGISTRAR.

558-1022-131
COUNTY REGISTRAR.

Filed Dec 5 1914 A True Copy B. G. Fox
COUNTY REGISTRAR.