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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 Pima
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 113

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 15

Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Fabian y Sebastian Osseta } 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 } Legitimate? Yes } Date of Birth Jan. 20, 1915
(Month) (Day) (Yr.)

FATHER
Full Name Concepcion Osseta
Residence Miami, Ariz.
Color or Race Mexican Age at last Birthday 26
(Years)
Birthplace Mexico
Occupation Miner

MOTHER
Full Maiden Name Juana Ogas
Residence Miami, Ariz.
Color or Race Mexican Age at last Birthday 20
(Years)
Birthplace Mexico
Occupation Housewife

Number of child of this mother... 2 Number of children, of this mother, now living... 2 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 Jan. 20, 1915, at 3:45 P. M.

{ *When there is no attending physician or midwife, then the householder should make this return. (Signature) J. J. Miller M.D.
(Attending physician, midwife, householder.)*

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

Filed Jan 23 1915 LOCAL REGISTRAR. John H. Long

Filed Feb 5 1916 A True Copy B. E. Fox COUNTY REGISTRAR.

COUNTY REGISTRAR.