1857

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, 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

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 140 State Index No. 509

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 55

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Gabriela Arvizu — 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 (Month) (Day) (Yr.)
Female			1	Yes	February 28 1915

FATHER		MOTHER	
Full Name	Gabriel Arvizu	Full Maiden Name	Ulsulu Morello
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mexican — Age at last Birthday 45 (Years)	Color or Race	Mexican — Age at last Birthday 38 (Years)
Birthplace	Mexico	Birthplace	Mexico
Occupation	Wood Hauler	Occupation	Housewife

Number of child of this mother 4 | 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 Feb 28 1915, at 10 P.M.

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

(Signature) Charles E. Irvin M. D.
(Attending physician, midwife, householder.*)

Address Miami Arizona

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

Filed Mar 1 1915 — John H Lacy
LOCAL REGISTRAR

A True Copy

Filed Apr 6 1915 — B. G. Fox
COUNTY REGISTRAR.

COUNTY REGISTRAR.