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of more than one child at a birth, a SEPARATE RETURN must be made for each child 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

ARIZONA STATE BOARD OF HEALTH

County of Gila
District of _____
Town of Miami
or
City of _____

BUREAU OF VITAL STATISTICS 121 State Index No. 800
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 70
Local Registrar's No. _____

FULL NAME OF CHILD Refuta Sentra } Born } YES
Alive } NO

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

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth _____	Legitimacy <u>Yes</u>	Date Birth <u>March 24</u> 191 <u>5</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Bonifacio Sentra</u>			Full Maiden Name <u>Juanita Sentra</u>		
Residence <u>Miami</u>			Residence <u>Miami</u>		
Color <u>Mexican</u>			Color <u>Mexican</u>		
Age at last Birthday <u>30</u> (Years)			Age at last Birthday <u>26</u> (Years)		
Birthplace <u>Mexico</u>			Birthplace <u>Mexico</u>		
Occupation <u>Labourer</u>			Occupation <u>Housewife</u>		

Number of child of this mother 4 Number of children, of this mother, now living 4 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 March 24 1915, at 5:09 P.M.
(Signature) Nelson D. Dayton (Attending physician, midwife, householder.)

Given or christian name added from a supplemental report _____ 191____
Address Miami

Filed Mar 31 1915 LOCAL REGISTRAR John H. Looney
921-324-121 COUNTY REGISTRAR.
Filed Apr 6 1915 A True Copy B. S. J. J. COUNTY REGISTRAR.