

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.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 County of Yuma
 District of _____
 Town of Miami
 or _____
 City of _____ (No. _____ St; _____ Ward)

State Index No. 91
 Co. Register No. 132
 Local Registrar's No. _____

FULL NAME OF CHILD Rep Domingo Madrid
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child	<u>male</u>	Twin, Triplet or other		and	Number in order of birth	Legitimate?	Date of Birth	Born	YES
						<u>yes</u>	<u>April 8,</u>	<u>Alive</u>	<u>NO</u>
							(Month) (Day) (Yr.)		

FATHER				MOTHER			
Full Name	<u>Domingo Madrid</u>			Full Maiden Name	<u>Juana Espasa</u>		
Residence	<u>Miami, Ariz</u>			Residence	<u>Miami</u>		
Color or Race	<u>Mexican</u>	Age at last Birthday	<u>26</u>	Color or Race	<u>Mexican</u>	Age at last Birthday	<u>31</u>
Birthplace	<u>Mexico</u>			Birthplace	<u>Mexico</u>		
Occupation	<u>Miner</u>			Occupation	<u>Housewife</u>		

Number of child of this mother 11th Number of children, of this mother, now living 7 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 April 8, 1915, at 5:30 P.M.
 *When there is no attending physician or midwife, then the householder should make this return.

(Signature) J. J. Miller
 (Attending physician, midwife, householder,*)

Address Miami, Ariz
John H. Lamy
 LOCAL REGISTRAR.

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

Filed Apr 30 1915
 Filed July 5 1916 True Copy

443-408-151
 COUNTY REGISTRAR.

R. G. Jay
 COUNTY REGISTRAR.