

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 485

BUREAU OF VITAL STATISTICS 149 State Index No. _____
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 126
Local Registrar's No. _____
(No. Davis Canon St; _____ Ward)

FULL NAME OF CHILD Juan Belmonte } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Female } and } Number in order of birth " } Legitimate? Yes } Date of Birth May 24 1915
Twin, Triplet or other } } } } } (Month) (Day) (Yr.)

FATHER
Full Name Miguel Belmonte
Residence Miami, Ariz.
Color or Race White Age at last Birthday 32 (Years)
Birthplace Spanish
Occupation Miner

MOTHER
Full Maiden Name Rosa Castro
Residence Miami, Ariz.
Color or Race White Age at last Birthday 26 (Years)
Birthplace Spanish
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 May 24, 1915, at 10 A. M.

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

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

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

Address Miami, Ariz.

Filed May 25 1915

John H. Loe
LOCAL REGISTRAR.

175-524-936
COUNTY REGISTRAR.

Filed _____ 1915

A True Copy
B. G. Fox
COUNTY REGISTRAR.

My Commission Expires Mar 25 1919