

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 **ARIZONA STATE BOARD OF HEALTH**

County of Gila BUREAU OF VITAL STATISTICS **132** State Index No. **853**

District of _____ **ORIGINAL CERTIFICATE OF BIRTH** Co. Register No. 160

Town of Miami Local Registrar's No. _____

or _____

City of _____ (No. _____ St; _____ Ward)

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

Sex of Child <u>Female</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>Yes</u>	Date of Birth <u>June 22, 1915</u> (Month) (Day) (Yr.)
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FATHER			MOTHER		
Full Name <u>Dario Alongo</u>	Full Maiden Name <u>Atala Ortiz</u>		Residence <u>Miami</u>	Residence <u>Miami</u>	
Residence <u>Miami</u>	Color or Race <u>White</u>	Age at last Birthday <u>25</u> (Years)	Color or Race <u>Mexican</u>	Age at last Birthday <u>25</u> (Years)	Birthplace <u>Mexico</u>
Birthplace <u>Aguin</u>	Occupation <u>miner</u>		Occupation <u>Housewife</u>		

Number of child of this mother... 21 Number of children, of this mother, now living... 21 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 June 22, 1915, at 6 A. M.

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

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

Filed June 25, 1915 John H. Looney
 LOCAL REGISTRAR.

Filed July 5, 1915 Ray Fox
 COUNTY REGISTRAR.

COUNTY REGISTRAR.