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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  
BUREAU OF VITAL STATISTICS

County of Dia  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

State Index No. 110  
Co. Register No. 191  
Local Registrar's No. \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

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

Sex of Child Male Twin, Triplet or other \_\_\_\_\_ } and } Number in order of birth \_\_\_\_\_ Legiti- mate? yes Date of Birth July 8 1915  
(Month) (Day) (Yr.)

FATHER  
Full Name Andres Aneas  
Residence Miami  
Color or Race White Age at last Birthday 35 (Years)  
Birthplace Spanish  
Occupation Minero

MOTHER  
Full Maiden Name Panciza Rodriguez  
Residence Miami  
Color or Race White Age at last Birthday 30 (Years)  
Birthplace Spain  
Occupation Housewife

Number of child of this mother 6 Number of children, of this mother, now living 3 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 July 8, 1915, at 1:00 P.M.  
{ \*When there is no attending physi- }  
{ cian or midwife, then the householder }  
{ should make this return. }  
(Signature) J. D. Miller M.D.  
(Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 1915

Address Miami, Fla.

Filed July 10 1915 John H. Day LOCAL REGISTRAR

Filed July 7 1915 A True Copy Ray Day COUNTY REGISTRAR

COUNTY REGISTRAR.

COUNTY REGISTRAR.