

1240

... 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  
ORIGINAL CERTIFICATE OF BIRTH

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

State Index No. 128  
Co. Register No. 200  
Local Registrar's No. \_\_\_\_\_

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

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

Sex of Child <u>boy</u>	<u>boy</u> } and } <del>Twin, Triplet or other</del>	Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>July 31</u> 191 <u>5</u> (Month) (Day) (Yr.)
FATHER Full Name <u>Frank Wright</u> Residence <u>Keystone Miami</u> Color or Race <u>White</u> Age at last Birthday <u>37</u> (Years)		MOTHER Full Maiden Name <u>Ramona Miranda</u> Residence <u>Keystone Miami</u> Color or Race <u>Mexican</u> Age at last Birthday <u>29</u> (Years)		
Birthplace <u>Springer New Mexico</u> Occupation <u>Machine man</u>		Birthplace <u>Sinaloa Mexico</u> Occupation <u>Housewife</u>		

Number of child of this mother... 3 : 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 31, 1915, at 12<sup>06</sup> a.m.  
{ \*When there is no attending physician or midwife, then the householder should make this return. }

(Signature) Em. Ormond  
(Attending physician, midwife, householder\*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_ Address Box 29 - Miami, Ariz

Filed Aug 5 1915 LOCAL REGISTRAR. John H. Lacy

Filed Sept 4 1915 \* True Copy LOCAL REGISTRAR. W. G. Fox

COUNTY REGISTRAR.

COUNTY REGISTRAR.