

2368

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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 Pima
District of Miami
Town of _____
or _____
City of _____

BUREAU OF VITAL STATISTICS **131** State Index No. _____
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 219
Local Registrar's No. _____
(No. _____ St; _____ Ward)

FULL NAME OF CHILD Sentance } 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 _____ } Legitimacy Legit } Date of Birth Aug 16 1955
(Month) (Day) (Yr.)

FATHER
Full Name Francisco Sentance
Residence Miami
Color or Race White Age at last Birthday 35 (Years)
Birthplace Mex
Occupation laborer

MOTHER
Full Maiden Name Orpha Anderson
Residence Miami
Color or Race Mex Age at last Birthday 26 (Years)
Birthplace Mex
Occupation H.W.

Number of child of this mother 5 Number of children, of this mother, now living 5 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 Aug 17 1955, at 5:30 M.
(*When there is no attending physician or midwife, then the householder should make this return.)
(Signature) Dr. J. J. Bayton
(Attending physician, midwife, householder.)*

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

Filed Aug 17 1955 A True Copy John Lay LOCAL REGISTRAR.
Filed Sept 4 1955 B. S. Dice COUNTY REGISTRAR.
0291-816-711 COUNTY REGISTRAR.