

4282

... than one child at a birth, a SEPARATE RETURN must be made for each, and 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

BUREAU OF VITAL STATISTICS 123 State Index No. 506

District of \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 332

Town of Miami

Local Registrar's No. \_\_\_\_\_

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

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

Sex of Child Male } and } 1 } Legitimate } Date of Birth Nov 18 1915  
Twin, Triplet or other } Number in order of birth } mate } (Month) (Day) (Yr.)

FATHER  
Full Name Jose Amurano  
Residence Miami

MOTHER  
Full Maiden Name Maria Poveina  
Residence Miami

Color or Race Mex Age at last Birthday 27  
(Years)

Color or Race Mex Age at last Birthday 20  
(Years)

Birthplace Mexico

Birthplace Mexico

Occupation Millwright

Occupation H.W.

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 Nov 18 1915, at 2:08 M.

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

(Signature) John H. Lacy  
(Attending physician, midwife, householder\*)

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

Address Miami

Filed Dec 10 1915

John H. Lacy  
LOCAL REGISTRAR.

Filed Jan 7 1916

B. E. Gue  
COUNTY REGISTRAR.

COUNTY REGISTRAR.