

9390

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
District of Miami
Town of Miami
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 107
Co. Register No. 89
Local Registrar's No. _____

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

Sex of Child Male } Twin, Triplet or other Single } and { Number in order of birth 2 } Legitimate? Yes } Date of Birth April 8th 1916
(Month) (Day) (Yr.)

FATHER
Full Name Casio Comacho
Residence Miami
Color or Race Mex Age at last Birthday 36 (Years)
Birthplace Mexico
Occupation Wood-cutter

MOTHER
Full Maiden Name Flores Comacho
Residence Miami
Color or Race Mex Age at last Birthday 22 (Years)
Birthplace Mexico
Occupation House wife

Number of child of this mother 2 Number of children, of this mother, now living 0 Were precautions taken against Ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on 8 Apr 1916, at 6 P.M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) Not attending physician (Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report _____ 1916

Address _____

036-408-636
COUNTY REGISTRAR.

Filed April 8 1916
Filed May 9 1916

John H. Leary
LOCAL REGISTRAR.
A True Copy
B. G. Fox
COUNTY REGISTRAR.