PLACE OF BIRTH

County of Gila

District of Arizona

Town of Miami

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

125 State Index No. 864

Co. Register No. 278

Local Registrar's No. _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Edward Perez

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child: male | ~~Twin, Triplet~~ or other | and | Number in order of birth: 1 | Legitimate? yes | Date of Birth: Sept (Month) 2 (Day) 1916 (Yr.)

FATHER		MOTHER	
Full Name	Manuel Perez.	Full Maiden Name	Maria Louise Rambaud
Residence	Miami Ariz.	Residence	Miami Ariz.
Color or Race	Spanish	Color or Race	Mexican
Age at last Birthday	31 (Years)	Age at last Birthday	19 (Years)
Birthplace	Spain	Birthplace	Baja California Mex.
Occupation	Butcher	Occupation	House wife.

Number of child of this mother: 1 | Number of Children, of this mother, now living: 1 | Were precautions taken against Ophthalmia neonatorum? yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Sept 2 1916, at 5 50 P. M.

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

(Signature) Cyril M. Cronin M.D.
(Attending physician, ~~midwife, householder.~~*)

Address Miami Ariz.

Given or Christian name added from a supplemental report _____ 191__.

Filed Sept 10 1916. John H. Lacy
LOCAL REGISTRAR

579-902-494
COUNTY REGISTRAR.

Filed Oct 10 1916. A True Copy B. G. Foy M.D.
COUNTY REGISTRAR.