

PLACE OF BIRTH
 County of Gila
 District of Arizona
 Town of Miami
 or
 City of _____ (No. _____ St.; _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **126** State Index No. **865**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 277
 Local Registrar's No. _____

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

Sex of Child male } and } Number in order of birth 3 } Legitimate? } Date of Birth Sept 2 1916
 { Twin, Triplet or other } { (Month) (Day) (Yr.)

FATHER
 Full Name Domingo Madrid
 Residence Miami Ariz.
 Color or Race Mexican Age at last Birthday 28 (Years)
 Birthplace Sonora Mex.
 Occupation Miner

MOTHER
 Full Maiden Name Juana Esparga
 Residence Miami
 Color or Race Mexico Age at last Birthday 33 (Years)
 Birthplace Chihuahua
 Occupation Housewife

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 the above child; and that it occurred on Sept 2 1916, at 39 M.

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

(Signature) C.M. Cron
 (Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 1916

Address Miami Ariz

Filed Sept 10 1916

John B. Laas
 LOCAL REGISTRAR

143-902-151
 COUNTY REGISTRAR.

Filed Oct 10 1916 A True Copy

B. B. ...
 COUNTY REGISTRAR.