1431

CERTIFICATE AMENDED SEE NOTATION

Given name corrected by affidavit of Registrant Insurance and Dis. office records (11-24-69 bms)

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS 149 State Index No. 884

District of

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 283

Town of Miami

or

City of

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Rose Marie ~~Dracie~~ Pike

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

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Yr.)
Female			1	yes	Sept	17	1916

FATHER		MOTHER	
Full Name	Peter Pike	Full Maiden Name	Sarah Ochoa
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	Mexican
Age at last Birthday (Years)	39	Age at last Birthday (Years)	23
Birthplace	Sparta Greece	Birthplace	Yuma Ariz
Occupation	Merchant	Occupation	Housewife

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 above child; and that it occurred on ~~Sept~~ Sept 17 1916, at 8.10 a.M.

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

(Signature) [signature]

(Attending physician, ~~midwife, householder.*~~)

Given or christian name added from a supplemental report 191

Address Miami Ariz

Filed Sept 20 1916

John H. Lokey

LOCAL REGISTRAR

975-917-261

COUNTY REGISTRAR.

Filed Oct 10 1916

A True Copy B. G. Fox M.D.

COUNTY REGISTRAR.

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.