

934

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 147 State Index No. 645
 ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 172
 Local Registrar's No. _____
 (No. _____ St. _____ Ward)

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

Sex of Child Female } and } Number in order of birth 4th } Legitimate? Yes } Date of Birth April 18 1917
 Twin, Triplet or other _____ } _____ } _____ } _____ } (Month) (Day) (Yr.)

FATHER
 Full Name Cesario Mendez
 Residence Miami
 Color or Race White Age at last Birthday 35 (Years)
 Birthplace Alonso, Spain
 Occupation Labourer

MOTHER
 Full Maiden Name Cesariana Carreras Lastra
 Residence Miami
 Color or Race White Age at last Birthday 34 (Years)
 Birthplace Riaco, Spain
 Occupation House wife

Number of child of this mother 4 Number of Children, of this mother, now living 4 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 April 18 1917, at 5 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 _____ 1917 Address Miami Arizona

449-418-331 COUNTY REGISTRAR. Filed Apr 20 1917 A True Copy Filed May 1 1917 LOCAL REGISTRAR John J. Lopez COUNTY REGISTRAR B. G. Diaz

OF INQUIRY WITH EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.