936

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 149 State Index No. 647

## ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 208

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Evangeline Endlich

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.) |
|---|---|---|---|---|---|
| F | 1 | | 1 | Y | Apr 19 1917 |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Edward C. Endlich | Full Maiden Name | Angeline Luna |
| Residence | Miami | Residence | Miami |
| Color or Race | Mex | Color or Race | Mex |
| Age at last Birthday (Years) | 27 | Age at last Birthday (Years) | 23 |
| Birthplace | Mexico | Birthplace | Arizona |
| Occupation | Electrician | Occupation | Housewife |

Number of child of this mother 5 | Number of Children, of this mother, now living 5 | 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 Apr 19 1917, at 8 P M.

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

(Signature) Charles E. Trim M.D.

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

Address Miami

Given or Christian name added from a supplemental report 191

Filed May 10 1917. John H. Locy LOCAL REGISTRAR.

558-419-131 COUNTY REGISTRAR.

Filed June 5 1917. A True Copy B. G. Fox COUNTY REGISTRAR.

or midwife with each local registrar within 5 days after birth.