

965

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH
 State Index No. 666
 Co. Register No. 180
 Local Registrar's No. _____

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

Sex of Child female Twin, Triplet or other No and } Number in order of birth 1 } Legitimate mate? Yes } Date of Birth Apr 28 1917
 (Month) (Day) (Yr.)

FATHER
 Full Name Serafin Montecore
 Residence Miami
 Color or Race Spaniard Age at last Birthday 33 (Years)
 Birthplace Spain
 Occupation Dairyman

MOTHER
 Full Maiden Name Amelia Campo
 Residence Miami
 Color or Race Spaniard Age at last Birthday 30 (Years)
 Birthplace Spain
 Occupation House wife

Number of child of this mother 3 Number of Children, of this mother, now living 2 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 28 1917, 10A M.

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

(Signature) B. N. Hardy M.D.
 (Attending physician, midwife, householder.)

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

Address Miami, Fla.

445-428-136
 COUNTY REGISTRAR.

Filed Apr 30 1917

John H. Tracy
 LOCAL REGISTRAR.

Filed May 5 1917

A True Copy B. G. Day
 COUNTY REGISTRAR.

To maintain this return, local registrar must be notified within 5 days after birth.