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ARIZONA STATE BOARD OF HEALTH

130

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No.

Co. Register No. 326

Local Registrar's No.

PLACE OF BIRTH

County of Gila

District of Miami

Town of
or
City of

(No. St; Ward)

FULL NAME OF CHILD Maria Padria

Born Alive: YES ~~NO~~

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

Sex of Child: Female

~~Twin, Triplet~~ or other: and

Number in order of birth:

Legitimate? yes

Date of Birth: July 7 1917 (Month) (Day) (Yr.)

FATHER

Full Name: Angle Padria

Residence: Miami Ariz

Color or Race: white

Age at last Birthday: 33 (Years)

Birthplace: Mexicon

Occupation: Mexico

Laborer

MOTHER

Full Maiden Name: Josephine Hernandez

Residence: Miami Ariz

Color or Race: white

Age at last Birthday: 29 (Years)

Birthplace: Mexicon

Occupation: Housewife

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 7/6 1917, at 4 P.M.

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

(Signature) T.H. Slaughter
(Attending physician, ~~midwife, householder.~~*)

Address Miami Ariz

Given or Christian name added from a supplemental report 191

Filed July 11 1917

John H. Lacy
LOCAL REGISTRAR.

A True Copy

Filed Aug 7 1917

B. G. Lox
COUNTY REGISTRAR.

471-707-169
COUNTY REGISTRAR.