

2281

PLACE OF BIRTH
 County of Gila ARIZONA STATE BOARD OF HEALTH
 District of Miami BUREAU OF VITAL STATISTICS 121 State Index No. 544
 City of Miami ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 476
 Local Registrar's No. _____
 (No. _____ St. _____ Ward _____)

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

Sex of Child Male Twin, Triplet or other _____ } and } Number in order of birth 2nd Legiti- mate? yes Date of Birth Oct 6 1917
 (Month) (Day) (Yr.)

FATHER
 Full Name Carlos Vorquez
 Residence Miami
 Color or Race White Age at last Birthday 31 (Years)
 Birthplace Rio Seco, Spain
 Occupation Merchant

MOTHER
 Full Maiden Name Catalina Leal
 Residence Miami
 Color or Race Mexican Age at last Birthday 23 (Years)
 Birthplace Ocampo, Mexico
 Occupation House wife

Number of child of this mother 2 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 Oct 6 1917, at 10:30 A.M.

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

(Signature) Catalina Leal
 (Attending physician, midwife, householder)

Given or Christian name added from a supplemental report _____ 1917

Address Johnston St. Miami
 LOCAL REGISTRAR

633-1006-333
 COUNTY REGISTRAR.

Filed Oct 10 1917 A True Copy
 Filed Nov 6 1917 B. G. Day
 COUNTY REGISTRAR.