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PLACE OF BIRTH
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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 133 State Index No. 673

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 386

Local Registrar's No.

(No. St; Ward)

ULL NAME OF CHILD Dora ~~Adulfo~~ Arellanes { Born YES / Alive ~~NO~~

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

ex of hild	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
F			3	yes	Dec 24 1917

FATHER		MOTHER	
ull ame	Adolfo Arellanes	Full Maiden Name	Consolacison Soto
esidence	Miami	Residence	Miami
olor Race	Mex	Color or Race	Mex
Age at last Birthday	31 (Years)	Age at last Birthday	28 (Years)
irthplace	Mexico	Birthplace	Mex
ccupation	Carpenter helper	Occupation	Housewife

umber of child of this mother 3 | Number of Children, of this mother, now living 3 | Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of the above child; and that it occurred on 12/24 1917, at 6 45 P.M.

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

(Signature) Geo A Paige
(Attending physician, ~~midwife, householder.~~*)

Given or Christian name added from a supplemental report 191

Address

Filed Dec 31 1917. John H Leary
LOCAL REGISTRAR.

412-1224-326 Filed Jan 7 1918. A True Copy P S Fox
COUNTY REGISTRAR. COUNTY REGISTRAR.