4669

CERTIFICATE AMENDED
SEE NOTATION

PLACE OF BIRTH

County of Gila

District of Dodge Miami

Town of _____
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 122

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 31

Child's + father's last name amended by aff. of Reg. + Service discharge 1-31-46. (6-12-71 el)

Local Registrar's No. _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Arcadio Arrendonda

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.)
M			3	Y	Jan 12 1918

FATHER		MOTHER	
Full Name	Dolores Arrendonda	Full Maiden Name	Micaela Lopez
Residence	Miami	Residence	Miami
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	45 (Years)	Age at last Birthday	44 (Years)
Birthplace	Mexico	Birthplace	Mex
Occupation	Labor	Occupation	Housewife

Number 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*

I hereby certify that I attended the birth of the above child; and that it occurred on 1/12 1918, at 3:15 M.

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

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

Address _____

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

Filed Jan 20 1918. John H. Lacy
LOCAL REGISTRAR.

111-112-439
COUNTY REGISTRAR.

Filed Feb 6 1918. A True Copy B. G. Fox
COUNTY REGISTRAR.