

2412

141

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____
Co. Register No. 79
Local Registrar's No. _____

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

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

Sex of Child <u>M</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Y</u>	Date of Birth <u>Feb 2</u> 191 <u>8</u> (Month) (Day) (Yr.)
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FATHER		MOTHER	
Full Name <u>Litardo Sanchez</u>	Residence <u>Miami</u>	Full Maiden Name <u>Helaria Hernandez</u>	Residence <u>Miami</u>
Color or Race <u>White</u>	Age at last Birthday <u>37</u> (Years)	Color or Race <u>Dark</u>	Age at last Birthday <u>28</u> (Years)
Birthplace <u>Mexico</u>	Occupation <u>Miner</u>	Birthplace <u>Mexico</u>	Occupation <u>Domestic</u>

Number of child of this mother... 6 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 above child; and that it occurred on Feb 2 1918 at 7:30 a.m.

(Signature) Leharb E. Jimenez
(Attending physician, midwife, householder)

Given or christian name added from a supplemental report _____ 1918

Address Miami, Guis
John H. Drey
LOCAL REGISTRAR

Filed Feb 5 1918 Filed Mar 1 1918 A True Copy R. E. Drey
COUNTY REGISTRAR. COUNTY REGISTRAR.

429-202-889