

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH
 State Index 477
 Co. Register No. 402
 Local Registrar's No. _____

Full Name of Child Sofia Teran { Born } YES
 { Alive } NO
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female Twin, Triplet or other One and { Number in order of birth } Legitimate? Yes Date of Birth Aug 28 1918
 (Month) (Day) (Yr.)

FATHER
 Full Name Antonio Morales
 Residence Mexican Canyon
 Color or Race Mexican Age at last Birthday 28 (Years)
 Birthplace Mexico
 Occupation Miner

MOTHER
 Full Maiden Name Rita Morales
 Residence Mexican Canyon
 Color or Race Mexican Age at last Birthday 28 (Years)
 Birthplace Mexico
 Occupation Housewife

Number of child of this mother..... Number of children, of this mother, now living..... Were precautions taken against Ophthalmia neonatorum?.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Aug 21 1918, at 10:50 P.M.
 { *When there is no attending physician or midwife, then the householder should make this return. } (Signature) Dr. Paula Requena
 (Attending physician, midwife, householder.)

Given or christian name added from a supplemental report..... 191..... Address Miami, Ariz.

Filed Aug 24 1918 LOCAL REGISTRAR
John H. Cole
 Filed Sep 9 1918 A True Copy B. G. Fox
 COUNTY REGISTRAR. COUNTY REGISTRAR.

242-823-942
 COUNTY REGISTRAR.