

PLACE OF BIRTH

County of gila  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH  
(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

State Index No. 420  
Co. Register No. 527  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD

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

{ Born } YES  
{ Alive } ~~YES~~

Sex of Child \_\_\_\_\_ Twin, Triplet or other \_\_\_\_\_ } and { Number in order of birth 3 Legitimate? yes Date of Birth July 18 - 1919  
(Month) (Day) (Yr.)

FATHER  
Full Name Melacio Pea  
Residence Miami, Ariz.  
Color or Race Mex Age at last Birthday 34 (Years)  
Birthplace Jalisco, Mexico  
Occupation miner

MOTHER  
Full Maiden Name Claria Gayardo  
Residence Miami, Arizona  
Color or Race Mex Age at last Birthday 25 (Years)  
Birthplace Jalisco, Mex  
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 July 18, 1919, at 9:14 P.M.

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

(Signature) Cyril M. Crow M.D.  
(Attending physician, midwife, householder\*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 191...

Address Miami, Ariz.

Filed Oct 30 1919  
091-718-576  
COUNTY REGISTRAR.

Filed Nov 7 1919 A True Copy  
LOCAL REGISTRAR. B. G. Fox  
COUNTY REGISTRAR.