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* NAMES OF CHILD AND BOTH PARENTS AMENDED BY AFFIDAVIT AND CERTIFICATE OF BAPTISM DATED 10-23-19

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

County of Gila

District of

Town of Miami

or City of CERTIFICATE AMENDED SEE NOTATION* (5-14-73 bma)

State Index No. 40

Co. Register No. 529

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Anna ~~Gutierrez~~ GUTIERREZ

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

Born Alive YES ~~NO~~

Sex of Child Female | ~~Twin~~, ~~Triplet~~ or other and Number in order of birth 2 | Legitimate? yes | Date of Birth July 26 1919 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	EMILIO ~~Amelio Gutierrez~~ GUTIERREZ	Full Maiden Name	Maria ~~Casada~~ QUESADA
Residence	Miami, Ariz.	Residence	Miami, Ariz.
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	22 (Years)	Age at last Birthday	19 (Years)
Birthplace	Jalisco. Mexico	Birthplace	Jalisco, Mex
Occupation	Millman	Occupation	Housewife

Number of child of this mother 2 | Number of Children, of this mother, now living 2 | 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 26, 1919, at 7 A.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~~.*)

Address Miami, Ariz.

Given or Christian name added from a supplemental report 191

Filed Oct 30 1919. N D Brayton LOCAL REGISTRAR.

179-726-481
COUNTY REGISTRAR.

A True Copy

Filed Nov 7 1919. B. G. Fox COUNTY REGISTRAR.