

782

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
State Index No. 97
Co. Register No. 434
Local Registrar's No. _____
(No. _____ St; _____ Ward)

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

Sex of Child male { Twin, Triplet or other } and { Number in order of birth } Legitimate yes Date of Birth Aug 5 1919
(Month) (Day) (Yr.)

FATHER
Full Name Jose a Urena
Residence Miami, Ariz
Color or Race Mexican Age at last Birthday 26 (Years)
Birthplace Mexico
Occupation Laborer

MOTHER
Full Maiden Name Teresa Valasquez
Residence Miami, Ariz
Color or Race Mexican Age at last Birthday 17 (Years)
Birthplace Mexico
Occupation Housewife

Number of child of this mother 2 Number of Children, of this mother, now living 1 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 Aug 5 1919, at 10:25 A.M.

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

(Signature) CR Swackhamer M.D.
(Attending physician, midwife, householder.)*

Given or Christian name added from a supplemental report _____ 1919

Address Miami, Ariz.

Filed Aug 10 1919

W. B. Brayton
LOCAL REGISTRAR.

OH1-405-259
COUNTY REGISTRAR.

Filed SEP 9 1919 A True Copy

B. G. Fox
COUNTY REGISTRAR.