

4554

N. B. - the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

**PLACE OF BIRTH** **ARIZONA STATE BOARD OF HEALTH**  
 County of Gila **BUREAU OF VITAL STATISTICS** State Index No. 41  
 District of \_\_\_\_\_ **ORIGINAL CERTIFICATE OF BIRTH** Co. Register No. 408  
 Town of Miami Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Ralph Jorquez } 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 One and Number in order of birth \_\_\_\_\_ Legitimate? Yes Date of Birth Sept 16 1919  
 (Month) (Day) (Yr.)

**FATHER**  
 Full Name Ralph Jorquez  
 Residence Inspiration Addition  
 Color or Race Mexican Age at last Birthday 28 (Years)  
 Birthplace Safford, Arizona  
 Occupation Minor

**MOTHER**  
 Full Maiden Name Esabelle Figueroa  
 Residence Inspiration Addition  
 Color or Race Mexican Age at last Birthday 24 (Years)  
 Birthplace Bisby, Arizona  
 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 above child; and that it occurred on Sept 16 1919, at 11 P M.  
 (\*When there is no attending physician or midwife, then the householder should make this return.) (Signature) Dr. Anna Repnikov  
 (Attending physician, midwife, householder.\*)

Given or christian name added from a supplemental report \_\_\_\_\_ 1919 Address Miami, Arizona

919-916-561 COUNTY REGISTRAR. Sept 20 1919 LOCAL REGISTRAR. W. B. Brantley  
 A True Copy B. S. Sox COUNTY REGISTRAR.  
 Filed OCT 6 1919