

4569

R. A. WATKINS PRINTING CO., PHOENIX

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 154
 Co. Register No. 507
 Local Registrar's No. _____

ORIGINAL CERTIFICATE OF BIRTH

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

Sex of Child <u>Male</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>Sept 20</u> 191 <u>9</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Armando Quirada</u>			Full Maiden Name <u>Guadalupe Sanchez</u>		
Residence <u>Miami</u>			Residence <u>Miami</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>30</u> (Years)		Color or Race <u>Mexican</u>	Age at last Birthday <u>26</u> (Years)	
Birthplace <u>Mexico</u>			Birthplace <u>Mexico</u>		
Occupation <u>HR</u>			Occupation <u>HR</u>		

Number of child of this mother 3 | 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 Sept 20 1919, at 3 P M.

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

(Signature) [Signature]
 (Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report _____ 191____

Address [Address]
 Filed Sept 20 1919

[Signature]
 LOCAL REGISTRAR

086-920-729
 COUNTY REGISTRAR.

A True Copy
 Filed Oct 6 1919

[Signature]
 COUNTY REGISTRAR.

GIVEN BY MIDWIFE WITH EACH LOCAL REGISTRATION