2339

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of (No. St; Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 159

Co. Register No. 7

Local Registrar's No.

FULL NAME OF CHILD Julian Santos

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

Born Alive YES X

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
M	1		7	Y	Oct 18 1919

FATHER		MOTHER	
Full Name	Pedro Santos	Full Maiden Name	Cathalina Ybarra
Residence	Miami	Residence	Miami
Color or Race	Mex. Age at last Birthday 29 (Years)	Color or Race	Mex Age at last Birthday 28 (Years)
Birthplace	Mexico	Birthplace	Mexico
Occupation	Laborer	Occupation	H

Number of child of this mother 7 | Number of children, of this mother, now living 5 | 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 Oct 18 1919 at 11 P M.

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

(Signature) Charles E. Finn M.D.

(Attending physician, ~~midwife, householder.*~~)

Given or christian name added from a supplemental report 191

Address Miami

Filed 1/30 1920 T H Slaughter LOCAL REGISTRAR.

122-1018-381 COUNTY REGISTRAR.

Filed Feb 5 1920 A True Copy B. G. Fox COUNTY REGISTRAR.