C C 4

PLACE OF BIRTH

County of Gila

District of

Town of Miami

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 166

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. 632

Local Registrar's No.

(No. Miami Inspiration Hospital St; Ward)

FULL NAME OF CHILD Beatriz Delgadillo

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

Born Alive: YES

Sex of Child: Female | Twin, Triplet or other: and | Number in order of birth: | Legitimate? Yes | Date of Birth: Nov. 15, 1919 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	José Catarino Delgadillo	Full Maiden Name	Beatriz Crozco
Residence	Miami	Residence	Miami
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday (Years)	30	Age at last Birthday (Years)	28
Birthplace	Mexico	Birthplace	Mexico
Occupation	Y.M.C.A. Director	Occupation	Housewife

Number of child of this mother: 1 | 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 Nov. 15, 1919, at 5 P. M.

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

(Signature) T. F. Miller M.D.

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

Address Miami, Ariz.

Given or Christian name added from a supplemental report ..... 191...

Filed Nov 22 1919. N. W. Brayton

LOCAL REGISTRAR.

46-1115-266

COUNTY REGISTRAR.

Filed 11/24 1919. A True Copy B. S. Jay

COUNTY REGISTRAR.