

This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Maricopa State Index No. 142
District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 730
Town of Miami Local Registrar's No. _____
or _____
City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Juan Acosta 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 Dec 27 - 1919
Month Day Yr.

FATHER
Full Name Sebas Acosta
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 32 Years
Birthplace Durango-Mexico
Occupation Miner

MOTHER
Full Maiden Name Maria Salie
Residence Miami, Ariz.
Color or Race Mex Age at last Birthday 22 Years
Birthplace Durango-Mex
Occupation Housewife

Number of child of this Mother _____ Number of Children, of this mother, now living _____ 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 Dec 27, 1919, at 1:40 A.M.
*When there is no attending physician or midwife, then the householder should make this return.

Signature April M. Cron M.D.
Attending physician, midwife, householder.*

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

Address Miami, Arizona
LOCAL REGISTRAR
A True Copy
COUNTY REGISTRAR

111-1221-422
COUNTY REGISTRAR.

Filed Dec 31 1919
A True Copy
Filed Jan 3 1920