

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.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
 County of Yuma State Index No. 150
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 736
 Town of _____ Local Registrar's No. _____
 or _____
 City of Yuma (No. _____ St; _____ Ward _____)

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

Sex of Child Female Twin, Triplet or other _____ } and } Number in order of birth _____ Legitimate? yes Date of Birth Dec 29 1919
 (Month) (Day) (Yr.)

FATHER
 Full Name Jose Sosa
 Residence Globe, Arizona
 Color or Race Mexican Age at last Birth 24 (Years)
 Birthplace Mexico
 Occupation Laundryman

MOTHER
 Full Maiden Name Arnelena Alonzo
 Residence Globe, Arizona
 Color or Race Mexican Age at last Birth 20 (Years)
 Birthplace Mexico
 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 above child; and that it occurred on Dec 29, 1919, at 8:45 P. M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) Alvin Kurnse M.D.
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191____
 Address Globe Arizona

Filed Dec 30 1919 LOCAL REGISTRAR.
 A True Copy
 Filed Jan 5 1920 COUNTY REGISTRAR.
321-1229-311 COUNTY REGISTRAR.