

Attending Physician or

**PLACE OF BIRTH**

**ARIZONA STATE BOARD OF HEALTH**

County of Green

BUREAU OF VITAL STATISTICS

State Index No. 138

District of \_\_\_\_\_

**ORIGINAL CERTIFICATE OF BIRTH**

Co. Register No. 27

Town of Miami

Local Registrar's No. \_\_\_\_\_

City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Horta } Born } YES

If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Female } and } Number in order of birth \_\_\_\_\_ } Legitimate Yes } Date of Birth Jan 5 1920 } (Month) (Day) (Yr.)

FATHER Full Name Juan Horta

MOTHER Full Maiden Name Guadalupe Chico

Residence Miami

Residence Miami

Color or Race Mex Age at last Birthday 29 (Years)

Color or Race Mex. Age at last Birthday 29 (Years)

Birthplace Mexico

Birthplace Mexico

Occupation Pool Hall owner

Occupation H.R.

Number of child of this mother... 3 Number of children, of this mother, now living... 3 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 Jan 5 1920, at 7 A.M.

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

(Signature) J. D. Brayton (Attending physician, midwife, householder,\*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Miami

081-105-736

COUNTY REGISTRAR.

Filed Jan 5 1920

A True Copy

LOCAL REGISTRAR.

COUNTY REGISTRAR.