CERTIFICATE AMENDED SEE NOTATION

SPELLING OF NAME AMENDED BY AFFIDAVIT OF REGISTRANT AND B.C. OF CHILD DATED 1-30-44 (1-23-71 bms)

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

County of Gila

District of

Town of

or

City of Hayden

State Index No. 168

Co. Register No. 80

Local Registrar's No. 20-7

Ophelia Michelena St; Ward)

FULL NAME OF CHILD ~~Ophelia Michelena~~

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

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	January 15 1920 (Month) (Day) (Yr.)

FATHER	MOTHER
Full Name: Miguel Michelena	Full Maiden Name: Anita Robles
Residence: Hayden - Arizona	Residence: Hayden Arizona
Color or Race: Mx - Age at last Birthday: 31 (Years)	Color or Race: Arizona Age at last Birthday: 28 (Years)
Birthplace: Solomonsville, Ariz.	Birthplace: Florence, Arizona
Occupation: Butcher	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 Jan 15 1920, at 3 45 A. M.

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

(Signature) Leonard Elwood M.D.

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

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

Address Winkelman, Arizona

Filed Jan 16 1920

W. B. [illegible]

LOCAL REGISTRAR.

641-115-192

COUNTY REGISTRAR.

Filed Feb 9 1920

A True Copy

B. G. [illegible]

COUNTY REGISTRAR.