ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128

Co. Registrar's No. 100

Local Registrar's No. _____

PLACE OF BIRTH

County of Gila

District of _____

Town of Miami

or

City of _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Francisco Carvajal

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

Born Alive: YES ~~NO~~

Sex of Child: Female | ~~Twin, Triplet~~ or other | and | Number in order of birth: 3 | Legitimate? yes | Date of Birth: Feb. 3 1920 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Calisto Carvajal	Full Maiden Name	Francisco Mercado
Residence	Red Springs Canon - Miami - Ariz	Residence	Miami - Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	30 Years	Age at last Birthday	20 Years
Birthplace	Jalisco - Mexico	Birthplace	Jalisco - Mexico
Occupation	Miner	Occupation	Housewife

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 the above child; and that it occurred on Feb. 3 1920 at 9 A.M.

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

Signature Cyril M. Cron M.D.

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

Address Miami - Arizona

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

Filed 2/28/ 1920

[signature]

LOCAL REGISTRAR.

633-203-646

COUNTY REGISTRAR.

Filed March 1920

A True Copy

B. G. Fox

COUNTY REGISTRAR.

The number of each, in order of birth, stated. This certificate must be given to the physician or midwife with each local Registrar within 5 days after birth.