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.

PLACE OF BIRTH

County of Gila

District of

Town of or City of Miami

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 147

Co. Registrar's No. 119

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Maria Puente

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 | Legitimate Yes | Date of Birth Feb. 15 1920 (Month Day Yr.)

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Estanislao Puente | Full Maiden Name | Joaquina Arronte |
| Residence | Miami | Residence | Miami |
| Color or Race | White | Color or Race | White |
| Age at last Birthday | 31 Years | Age at last Birthday | 31 Years |
| Birthplace | Fontibre, Spain | Birthplace | La Cabada, Spain |
| Occupation | Miner | Occupation | House wife |

Number of child of this Mother 5 | Number of Children, of this mother, now living 2 | 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. 15 1920 at 2 P.M.

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

Signature C. Hotel M. D.

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

Given or Christian name added from a supplemental report 191

Address Miami, Ariz.

Filed 2/28 1920

T. H. Slaughter

LOCAL REGISTRAR.

475-215-115

COUNTY REGISTRAR.

Filed Mar 6 1920

A True Copy

B. G. Fox

COUNTY REGISTRAR.