

the number of each, in order of birth, stated. This certificate must be made 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. 106
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 124
 Town of Miami Local Registrar's No. _____
 or _____
 City of _____ (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Martin P. Paredez Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child M Twin, Triplet or other 1 and Number in order of birth 1 Legitimate? Date of Birth Jul 17 19120
 Month Day Yr.

FATHER
 Full Name Martin S. Paredez
 Residence Miami
 Color or Race Mex Age at last Birthday 22 Years
 Birthplace Mexico
 Occupation Ding Clerk

MOTHER
 Full Maiden Name Candida Rivera
 Residence Miami
 Color or Race Mex Age at last Birthday 23 Years
 Birthplace New Mexico
 Occupation A

Number of child of this Mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Jul 17 19120 at 99 M.

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

Signature Charles E. Davis
 Attending physician, midwife, householder.*

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

Address Miami

479-217-391
 COUNTY REGISTRAR.

Filed 7/28 19120

Filed Nov 6 19120 A True Copy

J. H. Slawicki
 LOCAL REGISTRAR.

B. J. Jay
 COUNTY REGISTRAR.