

N. B. - In case of more than one child at birth, a SEPARATE REPORT must be made for each, and 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.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
 County of Gila State Index No. 166
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Cg. Registrar's No. 132
 Town of Miami or _____ Local Registrar's No. _____
 City of _____ (No. _____ St. _____ Ward)

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

Sex of Child Female Twin, Triplet or other and Number in order of birth _____ Legitimate yes Date of Birth Feb. 22 1920
 Month Day Yr.

FATHER

Full Name Ramon Montoya
 Residence Miami, Ariz
 Color or Race Mexican Age at last Birthday 22 Years
 Birthplace Arizona
 Occupation miner

MOTHER

Full Maiden Name Angelina Politan
 Residence Miami, Ariz
 Color or Race Italian Age at last Birthday 16 Years
 Birthplace Italy
 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 the above child; and that it occurred on Feb. 22 1920, at 8:50 P.
 { *When there is no attending physician or midwife, then the householder should make this return. } Signature C. Swackhamer M.D.
 Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191____ Address Miami, Ariz.
541-222-175 Filed 2/24/20 H. Slaughter LOCAL REGISTRAR.
 COUNTY REGISTRAR. A True Copy Filed Mar 6 1920 B. S. S. O. COUNTY REGISTRAR.