

In case of more than one child at birth, a separate 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. 172
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 139
 Town of _____ Local Registrar's No. _____
 or _____
 City of Miami (No. _____ St. _____ Ward)

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

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate <u>Yes</u>	Date of Birth <u>Feb 26</u> 19 <u>20</u> Month Day Yr.
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FATHER Full Name <u>Arthur Reig</u> Residence <u>Miami</u> Color or Race <u>Mexican</u> Age at last Birthday <u>28</u> Years Birthplace <u>Moravia, Wis</u> Occupation <u>Stage-driver</u>	MOTHER Full Maiden Name <u>Cousuelo Ribas</u> Residence <u>Miami</u> Color or Race <u>Mexican</u> Age at last Birthday <u>19</u> Years Birthplace <u>Chihuahua, Mexico</u> Occupation <u>Housewife</u>
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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 26 1920 at 10 P.M.

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

Signature Hotel m. n.
 Attending physician, midwife, householder.

Given or Christian name added from a supplemental report _____ 191____
 Address Miami, Wis

Filed 2/27/20 191____
 Filed March 18/20 1920

699-226-392 COUNTY REGISTRAR.
B. G. Fox LOCAL REGISTRAR.
B. G. Fox COUNTY REGISTRAR.