

Physician within 6 days after birth.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 31

PLACE OF BIRTH
County of Gila

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 161

District of _____

Local Registrar's No. _____

Town of Miami

City of _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD Sara Peña } 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 Mar. 5 1920
Month Day Yr.

FATHER
Full Name Gymael Peña
Residence Miami, Ariz.
Color or Race Mexican Age at last Birthday 34 Years
Birthplace Mexico
Occupation miner

MOTHER
Full Maiden Name Emilia Tovar
Residence Miami, Ariz.
Color or Race Mexican Age at last Birthday 17 Years
Birthplace Mexico
Occupation Housewife

Number of child of this Mother 2 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 Mar 5 1920, at 12:15 P.M.

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

Signature C.R. Swackhamer, M.D.
Attending physician, midwife, householder.*

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

Address Miami, Ariz.

271-305-539
COUNTY REGISTRAR.

Filed 3/16 1920
A True Copy
Filed 3/16 1920

D. Slaughter
LOCAL REGISTRAR.
B. J. Day
COUNTY REGISTRAR.