ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

State Index No. 146

Co. Registrar's No. 175

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Daniel Melendez

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive YES ~~NO~~

Sex of Child Male | ~~Twin, Triplet~~ or other | and | Number in order of birth 1 | Legitimate? yes | Date of Birth March 14 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Daniel Melendez	Full Maiden Name	Sarah Calles
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	24 Years	Age at last Birthday	21 Years
Birthplace	Silver City, New Mexico	Birthplace	Santa Rita - New Mexico
Occupation	Miner	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 March 14, 1920, at 5 15 A.M.

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

Signature Cyril M. Cron M.D.
Attending physician, ~~midwife, householder.~~*

Address Miami, Arizona

Given or Christian name added from a supplemental report 191

Filed 3/15/1920

H. Slaughter
LOCAL REGISTRAR.

449-314-232
COUNTY REGISTRAR.

A True Copy

Filed 4/5 1920

B. G. Fox
COUNTY REGISTRAR.

Must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.