ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 63

Co. Registrar's No. 200

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of Miami

or

City of ..... (No. ..... St; ..... Ward)

FULL NAME OF CHILD Gaudaloupe Olivas

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

Born Alive: YES ~~NO~~

Sex of Child: Female | ~~Twin, Triplet~~ or other | and | Number in order of birth: 4 | Legitimate? yes | Date of Birth: March 25 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Alphonso Olivas	Full Maiden Name	Concepcion Ebarra
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	32 Years	Age at last Birthday	26 Years
Birthplace	Tempe - Arizona	Birthplace	Globe - Arizona
Occupation	Sampler	Occupation	Housewife

Number of child of this Mother: 4 | Number of Children, of this mother, now living: 4 | 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 25, 1920, at 9 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 4/15/1920

T H Slaughter

LOCAL REGISTRAR.

762-325-351

COUNTY REGISTRAR.

Filed Apr 17 1920

A True Copy

B. G. Fox

COUNTY REGISTRAR.

...or midwife with each local Registrar within 5 days after birth.