ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171

Co. Registrar's No. 205

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 Carmen Galardo

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 31 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Selzo Galardo	Full Maiden Name	Julia Gonzalez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	32 Years	Age at last Birthday	21 Years
Birthplace	San Juan de Los Lados, Mexico	Birthplace	San Juan de Los Lados - Mex
Occupation	Mill man	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 31, 1920, at 12 30 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, Ariz.

Given or Christian name added from a supplemental report ..... 191..

Filed 4/16/1920

T H Slaughter
LOCAL REGISTRAR.

376-331-179
COUNTY REGISTRAR.

A True Copy

Filed Apr 17 1920

B. G. Fox
COUNTY REGISTRAR.

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