

22-1

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH  
 County of Gila  
 District of Mescal  
 Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

State Index No. 1-2-0  
 Co. Register No. 209  
 Local Registrar's No. \_\_\_\_\_

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

Sex of Child <u>Female</u>	Twin, Triplet or other _____	} and }	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>April 2</u> 19 <u>20</u> (Month) (Day) (Yr.)
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FATHER			MOTHER		
Full Name <u>Miguel Belmonte</u>	Residence <u>Bonita Canyon Lower Miami</u>		Full Maiden Name <u>Rosa Castro</u>	Residence <u>Lower Miami</u>	
Color or Race <u>W.</u>	Age at last Birthday <u>27</u> (Years)	Birthplace <u>Spain</u>	Color or Race <u>White</u>	Age at last Birthday <u>32</u> (Years)	Birthplace <u>Spain</u>
Occupation _____			Occupation <u>Housewife</u>		

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 April 2 1920, at 11:30 P. M.

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

(Signature) J. J. Miller M.D.  
(Attending physician, midwife, householder. \*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

Address Miami, Ariz.

Filed 4/10/20 1920    J. H. Slaughter LOCAL REGISTRAR.  
 Filed Apr 17 1920    B. J. Ford COUNTY REGISTRAR.

125-402-936  
COUNTY REGISTRAR.

RECEIVED BY LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.