[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 211

Co. Registrar's No. 139

Local Registrar's No. 80

PLACE OF BIRTH

County of Greenlee

District of

Town of Morenci

or

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

FULL NAME OF CHILD Otila Cruz

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

Born Alive YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month, Day, Yr.)
Female				Yes	April 9 1920

FATHER		MOTHER	
Full Name	Santiago Cruz	Full Maiden Name	Estefana Padilla
Residence	Morenci	Residence	Morenci
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	46 Years	Age at last Birthday	40 Years
Birthplace	Mexico	Birthplace	Mexico
Occupation	Laborer	Occupation	House wife

Number of child of this Mother 6 | Number of Children, of this mother, now living 6 | 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 9 1920 at 6:15 P. M.

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

Signature Charlton Jay MD

Attending physician, midwife, householder*

Address Morenci Ariz

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

Filed April 15 1920 191..

LOCAL REGISTRAR.

639-409-521

COUNTY REGISTRAR.

A True Copy

Filed 5/10 1920

COUNTY REGISTRAR.

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