187

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 128

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 256

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 Luis Bouquet

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.
Male			3	yes	May	6	1920.

FATHER		MOTHER	
Full Name	Angel Alphonse Bouquet	Full Maiden Name	Refugio Acosta
Residence	Miami, Arizona	Residence	Miami, Ariz.
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	40 Years	Age at last Birthday	81 Years
Birthplace	Guanajuato - Mexico	Birthplace	Chihuahua, Mex
Occupation	Corn Mill	Occupation	Housewife

Number of child of this Mother 3 | Number of Children, of this mother, now living 3 | 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 May 6 1920 at 4:15 A.M.

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

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.*

Address Miami, Arizona

Given or Christian name added from a supplemental report _____ 191__

Filed 5/15/1920 — T. H. Slaughter, LOCAL REGISTRAR.

A True Copy

323-506-911 — COUNTY REGISTRAR.

Filed 6-2-1920 — B. G. Lot, COUNTY REGISTRAR.

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