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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 141

Co. Registrar's No. 263

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 Raoul Sulido

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

Born Alive: YES ~~NO~~

Sex of Child: Male | ~~Twin, Triplet~~ or other | and | Number in order of birth: 7 | Legitimate? yes | Date of Birth: May (Month) 9 (Day) — 1920 (Yr.)

FATHER

Full Name: Edwardo Sulido

Residence: Miami, Arizona

Color or Race: Mex

Age at last Birthday: 47 Years

Birthplace: Tucson, Arizona

Occupation: Smelter man

MOTHER

Full Maiden Name: Emeteria Almedario

Residence: Miami, Arizona

Color or Race: Mex

Age at last Birthday: 28 Years

Birthplace: Chihuahua, Mex

Occupation: Housewife

Number of child of this Mother: 7

Number of Children, of this mother, now living: 5

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 9, 1920 at 7:40 P.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 5/10/1920

T. H. Slaughter
LOCAL REGISTRAR.

976-509-5116
COUNTY REGISTRAR.

Filed 6-2 1920

A True Copy
B. G. Fox
COUNTY REGISTRAR.

Or mailed with each local registrar within 5 days after birth.