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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 143

Co. Registrar's No. 266

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 Jovita Sanchez

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 2 | Legitimate? yes | Date of Birth May 10 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Aneseto Sanchez	Full Maiden Name	Victoria Gonzalez
Residence	Miami - Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	33 Years	Age at last Birthday	20 Years
Birthplace	Jalisco - Mexico	Birthplace	Zacatecas - Mex
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | 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 10, 1920, at 1 30 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 5/16/1920 T H Slaughter LOCAL REGISTRAR.

A True Copy

129-510-579 COUNTY REGISTRAR.

Filed 6-2 1920 B. G. Fox COUNTY REGISTRAR.

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