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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157

Co. Registrar's No. 280

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 Susanna Aguirre | Born Alive | YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Yr.)
F1	1		6	Y	May	16	1920

FATHER		MOTHER	
Full Name	Fernando Aguirre	Full Maiden Name	Celia Mendoza
Residence	Miami	Residence	Miami
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	35 Years	Age at last Birthday	30 Years
Birthplace	Mexico	Birthplace	Mexico
Occupation	Laborer	Occupation	X

Number of child of this Mother 6 | 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 May 16 1920, at 8 M.

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

Signature Charles E. Irvin

Attending physician, midwife, householder.*

Address Miami

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

Filed 5/31/1920

M. H. Slaughter

LOCAL REGISTRAR.

A True Copy

261-516-341

COUNTY REGISTRAR.

Filed 6-5 1920

B. J. Fox

COUNTY REGISTRAR.