

4251

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila
District of _____
Town of Miami
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 150
Co. Register No. 376
Local Registrar's No. _____

FULL NAME OF CHILD Antonio Unknown
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Born } YES
Alive }

Sex of Child M } and } Number in order of birth } Legit. mate } Date of Birth June 12 19120
Twin, Triplet or other } } } } } (Month) (Day) (Yr.)

FATHER
Full Name Unknown
Residence _____
Color or Race _____ Age at last Birthday _____ (Years)
Birthplace _____
Occupation _____

MOTHER
Full Maiden Name Pablo Serrantes
Residence Miami
Color or Race Mex Age at last Birthday 35 (Years)
Birthplace Mexico
Occupation House Work

Number of child of this mother 2 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 12 19120, at 4 00 M.
{ *When there is no attending physician or midwife, then the householder should make this return.

(Signature) Charles E. Dwin
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191

Address Miami
Charles E. Dwin
LOCAL REGISTRAR.

Filed 6/12/1920

Filed 7-9-1920

A True Copy [Signature]
COUNTY REGISTRAR.

122-612-722
COUNTY REGISTRAR.