2147

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1523

Co. Registrar's No. 458

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 Jose Aguirre

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 6 | Legitimate? yes | Date of Birth July 7 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Mateo Aguirre	Full Maiden Name	Maria Jesus Avila
Residence	Miami, Arizona	Residence	Miami - Ariz.
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	30 Years	Age at last Birthday	25 Years
Birthplace	Durango - Mex	Birthplace	Durango, Mex
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 6 | Number of Children, of this mother, now living 6 | 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 July 7, 1920 at _____ 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~~.*

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

Address Miami, Arizona

Filed 8/3/ 1920 [signature]
LOCAL REGISTRAR.

115-707-411
COUNTY REGISTRAR.

Filed 9/8 1920 A True Copy [signature]
COUNTY REGISTRAR.

The number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.