

2165

This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
 County of Gila
 District of _____
 Town of _____
 or City of Miami (No. _____ St. _____ Ward _____)

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 100
 Co. Registrar's No. 446
 Local Registrar's No. _____

FULL NAME OF CHILD Carlos Cuahutemo
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Born YES
Alive NO

| | | | | | |
|--------------------------|------------------------------|-----|--------------------------------|------------------------|--|
| Sex of Child <u>Male</u> | Twin, Triplet or other _____ | and | Number in order of birth _____ | Legitimate? <u>Yes</u> | Date of Birth <u>July 16</u> 19 <u>20</u> Month _____ Day _____ Yr. _____ |
|--------------------------|------------------------------|-----|--------------------------------|------------------------|--|

FATHER
 Full Name Carlos Cuahutemo
 Residence Miami
 Color or Race Mexican Age at last Birthday 36 Years
 Birthplace Mexico
 Occupation laborer

MOTHER
 Full Maiden Name Guadalupe Gonzalez
 Residence Miami
 Color or Race Mexican Age at last Birthday 26 Years
 Birthplace Mexico
 Occupation Housewife

Number of child of this Mother 3 Number of Children, of this mother, now living 3 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 16 1920 at 2:29 A.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }

Signature [Signature]
 Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191
333-716-772
 COUNTY REGISTRAR.

Address Miami
 Filed 7/27 1920
 Filed 8-9 1920 A True Copy
[Signature]
 LOCAL REGISTRAR.
[Signature]
 COUNTY REGISTRAR.