

2 192

PHYSICIAN TO BE FILED WITH EACH LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH  
County of Yuma  
District of Miami  
Town of Miami  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

State Index No. 290  
Co. Registrar's No. 143  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Baby Ria Born  Alive  NO

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

Sex of Child <u>M</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>2</u>	Legitimate? <input checked="" type="checkbox"/>	Date of Birth <u>July 28</u> 19 <u>20</u>
					Month Day Yr.

FATHER		MOTHER	
Full Name <u>Leonidas Ria</u>	Residence <u>Miami</u>	Full Maiden Name <u>Maria Rodriguez</u>	Residence <u>Miami</u>
Color or Race <u>Mex</u>	Age at last Birthday <u>36</u> Years	Color or Race <u>Mex</u>	Age at last Birthday <u>37</u> Years
Birthplace <u>Mexico</u>	Occupation <u>Laborer</u>	Birthplace <u>Mexico</u>	Occupation <u>X</u>

Number of child of this Mother 2 Number of Children, of this mother, now living 0 Were precautions taken against Ophthalmia neonatorum? \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of the above child; and that it occurred on July 28 1920, at 10 a.m.

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

Signature Charles E. Dinn D.D.  
Attending physician, midwife, householder.\*

Address Miami Arizona

Given or Christian name added from a supplemental report \_\_\_\_\_ 19    

091-728-499 COUNTY REGISTRAR.

Filed 7/30/20 A True Copy  
Filed 8/2 1920

T.H. Sladeczek LOCAL REGISTRAR.  
R. E. Fox COUNTY REGISTRAR.