

or midwife 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 Pima State Index No. 171
District of _____ Co. Registrar's No. 478
Town of _____ Local Registrar's No. _____
or _____ (No. _____ St. _____ Ward) _____
City of Mesa

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

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate <input checked="" type="checkbox"/>	Date of Birth <u>Aug 11</u> 191 <u>20</u>
					Month Day Yr.

FATHER		MOTHER	
Full Name <u>Jacinto Madero</u>	Residence <u>Mesa</u>	Full Maiden Name <u>Mercedes Lova</u>	Residence <u>Mesa</u>
Color or Race <u>Mexican</u>	Age at last Birthday <u>38</u> Years	Color or Race <u>Mexican</u>	Age at last Birthday <u>24</u> Years
Birthplace <u>Mexico</u>	Occupation <u>Miner</u>	Birthplace <u>Yuma, Ariz</u>	Occupation <u>House wife</u>

Number of child of this Mother 4 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 Aug 11 19120 at 4 A.M.

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

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

Address Mesa Ariz

Given or Christian name added from a supplemental report _____ 19120

246-811-441 COUNTY REGISTRAR.

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Filed 8/31 1920

[Signature] LOCAL REGISTRAR.
[Signature] COUNTY REGISTRAR.