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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 182

Co. Registrar's No. 489

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of .....
or
City of Miami (No. ..... St; ..... Ward)

FULL NAME OF CHILD Elvira Vegas | Born Alive | YES ~~NO~~

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth Month	Day	Yr.
Female				Yes	Aug.	17	1920

FATHER		MOTHER	
Full Name	Gabriel Vegas	Full Maiden Name	Maria Berno
Residence	Miami	Residence	Miami
Color or Race	White	Color or Race	White
Age at last Birthday	27 Years	Age at last Birthday	31 Years
Birthplace	Spain	Birthplace	Spain
Occupation	Dairyman	Occupation	Housewife

Number of child of this Mother 5 | Number of Children, of this mother, now living 5 | 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. 17 1920 at 4 a. M.

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

Signature C. I. Sotel
Attending physician, ~~midwife, householder.~~

Address Miami Ariz

Given or Christian name added from a supplemental report ..... 191..

Filed 8/20/1920

T. H. Chandler
LOCAL REGISTRAR.

552-817-426
COUNTY REGISTRAR.

Filed 8/31 1920

A True Copy

B. G. Fox
COUNTY REGISTRAR.

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