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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 189

Co. Registrar's No. 499

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 Evangelina Gomez | Born Alive | YES ~~NO~~

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

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 6 | Legitimate? yes | Date of Birth Aug. 21 1920. Month Day Yr.

FATHER		MOTHER	
Full Name	Celrosemo Gomez	Full Maiden Name	Josephina Gomez
Residence	Miami, Arizona Box 100	Residence	Miami Ariz.
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	32 Years	Age at last Birthday	30 Years
Birthplace	Jalisco Mexico	Birthplace	Jalisco 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 Aug 21, 1920 at 11 A. 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~~.*

Address Miami, Arizona

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

Filed 8/30 1920

[signature]

LOCAL REGISTRAR.

579-821-179

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.