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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 196

Co. Registrar's No. 504

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 Edwardo Apodaca

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

Born Alive YES ~~NO~~

Sex of Child Male | ~~Twin, Triplet~~ or other | and | Number in order of birth 5 | Legitimate? yes | Date of Birth Aug - 25 - 1920 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Jose Gonzalez Apodaca	Full Maiden Name	Rita Moreno
Residence	Claypool, Arizona	Residence	Claypool, Ariz.
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	32 Years	Age at last Birthday	29 Years
Birthplace	Las Cruses, New Mex	Birthplace	Phoenix, Arizona
Occupation	Miner	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. 25, 1920 at 7 30 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

T H [illegible]

LOCAL REGISTRAR.

511-825-946

COUNTY REGISTRAR.

Filed 9/8 1920

A True Copy

B. G. [illegible]

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.