

1181

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Gila State Index No. 144
District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 537
Town of Miami Local Registrar's No. _____
City of _____ (No. _____ St. _____ Ward)

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

Sex of Child Male ~~Twin~~ ~~Triplet~~ or other } and Number in order of birth 5 Legitimate? yes Date of Birth Sept. 4 - 1920
Month Day Yr.

FATHER
Full Name Jenovis Diaz
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 31 Years
Birthplace Salisco, Mexico
Occupation Warehouse man

MOTHER
Full Maiden Name Librada Portillo
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 24 Years
Birthplace Chihuahua, Mex
Occupation Housewife

Number of child of this Mother 5 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 Sept. 4, 1920 at 11 P.M.

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

Signature Cyril M. Cron M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191_____
149-904-376
COUNTY REGISTRAR.

Address Miami, Arizona
T. H. Slack
LOCAL REGISTRAR.
B. E. Lat
COUNTY REGISTRAR.

Filed 10/9/1920
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or midwife with each local Registrar within 5 days after birth.