4182

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

State Index No. 145

Co. Registrar's No. 558

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Angela Besarril

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

Born Alive YES ~~NO~~

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 3 | Legitimate? yes | Date of Birth Sept. 5 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Ancil Besarril	Full Maiden Name	Maria Alonzo
Residence	Miami - Arizona	Residence	Miami, Arizona
Color or Race	Spanish	Color or Race	Spanish
Age at last Birthday	30 Years	Age at last Birthday	23 Years
Birthplace	Santander, Spain	Birthplace	Palenzia, Spain
Occupation	Store man	Occupation	Housewife

Number of child of this Mother 3 | 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. 5, 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.W.
Attending physician, ~~midwife, householder~~*

Address Miami, Arizona

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

Filed 10/9/ 1920

T H Slaughter
LOCAL REGISTRAR.

123-905-416
COUNTY REGISTRAR.

Filed 10-10 1920

A True Copy

B. G. S. [illegible]
COUNTY REGISTRAR.

... or midwife with each local Registrar within 5 days after birth.