9208

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166

Co. Registrar's No. 167

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 Antonio Reyes

Born Alive: YES ~~NO~~

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

Sex of Child: Male | ~~Twin, Triplet~~ or other | and | Number in order of birth | Legitimate? yes | Date of Birth: Month Sept. Day 15 Yr. 1920

FATHER	MOTHER
Full Name: Carmen Reyes	Full Maiden Name: Erlinda Morales
Residence: Miami, Arizona	Residence: Miami, Arizona
Color or Race: Mex	Color or Race: Mex
Age at last Birthday: 30 Years	Age at last Birthday: 22 Years
Birthplace: Chihuahua, Mexico	Birthplace: Zacatecas, Mexico
Occupation: Miner	Occupation: Housewife

Number of child of this Mother: 1 | Number of Children, of this mother, now living: 1 | 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. 15, 1920, at 12 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 10/5/1920 T. H. Slaughter LOCAL REGISTRAR.

192-915-549

Filed 10-10 1920 A True Copy

COUNTY REGISTRAR.

COUNTY REGISTRAR.

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