4215

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172

Co. Registrar's No. 546

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 Elisa Moreno. | Born Alive | YES ~~NO~~

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

| Sex of Child | Twin, Triplet or other | and | Number in order of birth | Legitimate | Date of Birth Month | Day | 1920 Yr. |
|---|---|---|---|---|---|---|---|
| Female | One | | One | Yes | Sept. | 22 | |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Clemente Moreno. | Full Maiden Name | Natalie Roman. |
| Residence | Miami Ariz. | Residence | Miami Ariz |
| Color or Race | Mexican | Color or Race | Mexican |
| Age at last Birthday | 24 Years | Age at last Birthday | 16. Years |
| Birthplace | Mexico. | Birthplace | Mexico. |
| Occupation | Laundry man | Occupation | House wife |

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 22 1920 at 4 P. M.

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

Signature B. N. Hardy M.D.
Attending physician, midwife, householder.*

Address Miami Ariz.

Given or Christian name added from a supplemental report _____ 191__ Filed 9/28/1920

T. H. Slaughter
LOCAL REGISTRAR.

5416-922-595
COUNTY REGISTRAR.

A True Copy Filed 10-1 1920

B. G. Fox
COUNTY REGISTRAR.

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