

2166

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 133
 Co. Register No. 596
 Local Registrar's No. _____

PLACE OF BIRTH
 County of Pima
 District of _____
 Town of Miami
 or
 City of _____ (No. Mexican Canyon St.; _____ Ward)

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Paula Alarcon { Born } YES
 { Alive } ~~NO~~
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child Female { Twin, Triplet or other } and { Number in order of birth } Legiti- mate? M Date of Birth Dec-6-1920
 (Month) (Day) (Yr.)

FATHER
 Full Name Noverto Alarcon
 Residence Miami, Ariz.
 Color or Race Mexican Age at last Birthday 27
 (Years)
 Birthplace Mexico
 Occupation Labour in lumber yard

MOTHER
 Full Maiden Name Irene Reyes
 Residence Miami, Ariz.
 Color or Race Mexican Age at last Birthday 26
 (Years)
 Birthplace Mexico
 Occupation Housewife

Number of child of this mother 4 Number of Children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of the above child; and that it occurred on Dec. 6, 1920, at 3 P. M.

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

(Signature) J. J. Miller
 (Attending physician, midwife, householder*)

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

Address Miami, Ariz.
J. H. Slaughter
 LOCAL REGISTRAR.

719-1006-092
 COUNTY REGISTRAR.

Filed 10/8/1920
 A True Copy
 Filed 10/27/1920
J. E. Judd
 COUNTY REGISTRAR.