2205

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163
Co. Registrar's No. 621
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 George Sterrera
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child: Male | ~~Twin, Triplet~~ or other | and | Number in order of birth: 1 | Legitimate? yes | Date of Birth: Oct. 21 1920 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Carlos Sterrera	Full Maiden Name	Juana Garcia
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	21 Years	Age at last Birthday	20 Years
Birthplace	Nogales, Sonora, Mex	Birthplace	Stermosilla, 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 Oct. 21, 1920 at 3 30 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 10/30/1920 — T H Slaughter, LOCAL REGISTRAR.

781-1021-171
COUNTY REGISTRAR.

Filed 11-5 1920 — A True Copy — B. G. [illegible], COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.