8217

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.

PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 171

Co. Registrar's No. 629

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Maria Rosaria De La Paz

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 1 | Legitimate? yes | Date of Birth Oct. 23 1920 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Francisco De La Paz	Full Maiden Name	Concepcion Mercado
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	23 Years	Age at last Birthday	20 Years
Birthplace	Jalisco-Mexico	Birthplace	Jalisco-Mexico
Occupation	Laborer	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. 23, 1920 at 7 30 P.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 — J H Slaughter, LOCAL REGISTRAR.

449-1023-346 COUNTY REGISTRAR.

Filed 11-5 1920 — A True Copy — B. G. Fox, COUNTY REGISTRAR.