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

PLACE OF BIRTH

County of Gila
District of [illegible]
Town of Christmas
or
City of ........ (No. ........ St; ........ Ward)

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. #831
Co. Registrar's No. 664
Local Registrar's No. 1

FULL NAME OF CHILD Deely Muzaray
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive YES ~~NO~~

| Sex of Child | Twin, ~~Triplet~~ or other | and | Number in order of birth | Legitimate? | Date of Birth |
|---|---|---|---|---|---|
| Female | | | 1 | yes | November 8th 1920 (Month, Day, Yr.) |

| FATHER | | MOTHER | |
|---|---|---|---|
| Full Name | Carmen Muzaray | Full Maiden Name | Deely |
| Residence | Christmas Ariz | Residence | Christmas Ariz |
| Color or Race | Mex | Color or Race | Mex |
| Age at last Birthday | 28 Years | Age at last Birthday | 23 Years |
| Birthplace | Mexico | Birthplace | Arizona |
| Occupation | Miner | 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 November 8 1920, at 9 P. M.

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

Signature by W. J. Roberts Mrs. Muzaray
Attending ~~physician, midwife~~, householder.*

Address Christmas Ariz

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

Filed Dec ...... 1920 — W. J. Roberts, LOCAL REGISTRAR.

448-1108-048
COUNTY REGISTRAR.

Filed Dec 4 1920 — A True Copy — B. G. Fox, COUNTY REGISTRAR.