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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132

Co. Registrar's No. 700

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 Angel De La Riva

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 (Month, Day, Yr.)
Male			7	yes	Nov. 9 – 1920

FATHER		MOTHER	
Full Name	Calarino De La Riva	Full Maiden Name	Pasquala De La Riva
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex.
Age at last Birthday	32 Years	Age at last Birthday	32 Years
Birthplace	Zacetecas, Mexico	Birthplace	Zacetecas - Mexico
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 7 | Number of Children, of this mother, now living 7 | 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 Nov. 9, 1920 at 10:50 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 12/24/1920 T.H. Slaughter LOCAL REGISTRAR.

141-1109-741 COUNTY REGISTRAR.

A True Copy

Filed 12-27-1920 B.G. Fox COUNTY REGISTRAR.

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