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

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Yila State Index No. 137
District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 701
Town of Miami or City of _____ Local Registrar's No. _____
(No. _____ St. _____ Ward)

FULL NAME OF CHILD Martin De La Cruz Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male ^{Twin, Triplet or other} } and { Number in order of birth 10 Legiti- mate? yes Date of Birth Nov. 11 - 1920
Month Day Yr.

FATHER
Full Name Pedro De La Cruz
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 40 Years
Birthplace San Juan de Los Rios, Mex
Occupation Miner

MOTHER
Full Maiden Name Casilda Lopez
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 30 Years
Birthplace Jalisco - Mexico
Occupation Housewife

Number of child of this Mother 10 Number of Children, of this mother, now living 4 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. 11 1920 at 3A. 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.*

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

Address Miami, Arizona

449-1111-339
COUNTY REGISTRAR.

Filed 12/24/20

J. H. Slaughter
LOCAL REGISTRAR.

Filed 12-27-1920 A True Copy

B. S. J. J.
COUNTY REGISTRAR.