

N. B.—In case of more than one child, 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.

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
 County of Gila State Index No. 150
 District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 652
 Town of _____ Local Registrar's No. _____
 or _____
 City of Miami (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD _____ 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 _____ Legitimacy Yes Date of Birth Nov. 15 1920
 Month Day Yr.

FATHER
 Full Name Jesus Martinez
 Residence Miami
 Color or Race Mexican Age at last Birthday 25 Years
 Birthplace Mexico
 Occupation Miner

MOTHER
 Full Maiden Name Maria Rodriguez
 Residence Miami
 Color or Race Mexican Age at last Birthday 22 Years
 Birthplace Mexico
 Occupation House wife

Number of child of this Mother 4 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Nov. 15 1920 at 5:30 A. M.

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

Signature A. J. Doty
 Attending physician, midwife, householder.

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

Address Miami, Ariz
H. Slaughter
 LOCAL REGISTRAR.

049-115-499
 COUNTY REGISTRAR.

Filed 11/30/20 1920

Filed 12/8 1920 A True Copy

R. S. Jay
 COUNTY REGISTRAR.