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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 170

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 707

Mothers maiden surname Child's & Fathers last name amended per AFF of Reg. + sister's Birth cert 9-22-22 #181 (9-28-72)

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 Jose V. Felix

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive: YES ~~NO~~

Sex of Child: Male | ~~Twin, Triplet~~ or other | and | Number in order of birth: 2 | Legitimate? yes | Date of Birth: Nov. (Month) 28, (Day) 1920. (Yr.)

FATHER

Full Name: Jose Felix

Residence: Miami, Arizona

Color or Race: Mex

Age at last Birthday: 28 Years

Birthplace: Sinaloa, Mexico.

Occupation: Business man

MOTHER

Full Maiden Name: Angelita Villarreal

Residence: Miami, Arizona

Color or Race: Mex

Age at last Birthday: 17 Years

Birthplace: Sinaloa, Mexico

Occupation: Housewife

Number of child of this Mother: 2 | Number of Children, of this mother, now living: 2 | 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. 28, 1920, at 5 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.

167 · 1128 · 153 COUNTY REGISTRAR.

Filed 12-27 1920. A True Copy B. G. Fox COUNTY REGISTRAR.

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

the number of each, in order of birth, stated.