234

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.

PLACE OF BIRTH

County of Gila

District of

Town of
or
City of Miami (No. St; Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 183

Co. Registrar's No. 694

Local Registrar's No.

FULL NAME OF CHILD Maria Mendez

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.)
Female				Yes	Nov. 30 1920

FATHER		MOTHER	
Full Name	Francisco Mendez	Full Maiden Name	Isabel Garcia
Residence	Miami	Residence	Miami
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	29 Years	Age at last Birthday	17 Years
Birthplace	Mexico	Birthplace	Mexico
Occupation	Merchant	Occupation	Housewife

Number of child of this Mother 2 | 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 Nov. 30 1920 at 9 A.M.

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

Signature O. I. Dotel M.D.
Attending physician, ~~midwife, householder.~~*

Address Miami Ariz

Given or Christian name added from a supplemental report 191

Filed 11/30/1920

T H Slaughter
LOCAL REGISTRAR.

449-1120-971
COUNTY REGISTRAR.

A True Copy

Filed 12/8 1920

B. G. Fox
COUNTY REGISTRAR.