4144

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129

Co. Registrar's No. 715

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 Ortenzia Garivia

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

Born Alive: YES ~~NO~~

Sex of Child: Female | ~~Twin, Triplet~~ or other | and | Number in order of birth: 5 | Legitimate? Yes | Date of Birth: Dec. (Month) 1 (Day) 1920 (Yr.)

FATHER		MOTHER	
Full Name	Antonio Garivia	Full Maiden Name	Octaviana Acosta
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	Guadalajara, Mex	Birthplace	Chihuahua, Mex
Occupation	Clerk	Occupation	Housewife

Number of child of this Mother: 5 | Number of Children, of this mother, now living: 5 | 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 Dec. 1, 1920 at 10 A.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 12/30/ 1920

T H Slaughter
LOCAL REGISTRAR.

671-1201-611
COUNTY REGISTRAR.

Filed 1-6 1921

A True Copy

B. G. Fox
COUNTY REGISTRAR.

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