4163

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 Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 163

Co. Registrar's No. 735

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Concha De La Riva

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 12 | Legitimate? yes | Date of Birth Dec. 7 1920. Month Day Yr.

FATHER		MOTHER	
Full Name	Pedro De La Riva	Full Maiden Name	Maria De La Riva
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	35 Years	Age at last Birthday	34 Years
Birthplace	Zacetecas, Mexico	Birthplace	Zacetecas, Mexico
Occupation	Smelterman	Occupation	Housewife

Number of child of this Mother 12 | 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 7, 1920 at 10 P. M.

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

Signature Cyril M. Cron M.D.
Attending physician, ~~midwife, householder.~~*

Given or Christian name added from a supplemental report 191

Address Miami, Arizona

Filed 12/24/1920 T H Slaughter
LOCAL REGISTRAR.

341-1207-441
COUNTY REGISTRAR.

Filed 12-27 1920 A True Copy B. G. [illegible]
COUNTY REGISTRAR.