

1164

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Gila
District of Globe
Town of Orlami
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 109
Co. Register No. 732
Local Registrar's No. _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD Conception Masias { 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 2 | Legitimate? yes | Date of Birth 12 7 1920
(Month) (Day) (Yr.)

FATHER
Full Name Phillip Masias
Residence Superstition
Color or Race mex | Age at last Birthday 31 (Years)
Birthplace Mexico
Occupation miner

MOTHER
Full Maiden Name Maia Hernandez
Residence Superstition
Color or Race mex | Age at last Birthday 24 (Years)
Birthplace mex
Occupation housewife

Number of child of this mother 3 | Number of children, of this mother, now living 3 | 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 Orlami.

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

(Signature) R. M. Carr M.D.
(Attending physician, midwife, householder. *)
Address Superstition

Given or Christian name added from a supplemental report _____ 192_____
342-1207-489
COUNTY REGISTRAR.

Filed 12/30 1920
A True Copy
Filed 1-6 1921
J. H. Slaughter LOCAL REGISTRAR.
B. G. J. [Signature] COUNTY REGISTRAR.