

1205

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

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Mila State Index No. 123
District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 765
Town of Miami Local Registrar's No. _____
City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Rodolpho Tafuya } 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 4 } Legiti- mate? yes } Date of Birth Dec. 23, 1920
Month Day Yr.

FATHER
Full Name Jose Tafuya
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 30 Years
Birthplace Jalisco, Mexico
Occupation Miner

MOTHER
Full Maiden Name Stermenia Cuen
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 24 Years
Birthplace Sonora, Mexico
Occupation Housewife

Number of child of this Mother 4 | 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 23, 1920 at 3 P. M.
{ *When there is no attending physi- }
{ cian or midwife, then the householder }
{ should make this return. }

Signature Cyril M. Crow M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191__

Address Miami, Arizona

931-1223-835
COUNTY REGISTRAR.

Filed 12/20/20 192__

A. Slaughter
LOCAL REGISTRAR.

Filed 1-6 192__ A True Copy

R. G. [Signature]
COUNTY REGISTRAR.