

1220

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 Maricopa
District of _____
Town of Miami
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 188

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar's No. 175

Local Registrar's No. _____

FULL NAME OF CHILD Maria Jesus De La Riva } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Female } and } Number in order of birth 2 } Legitimate? yes } Date of Birth Dec. 26, 1920
Twin, Triplet or other } } } } } Month Day Yr.

FATHER
Full Name Gregorio De La Riva
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 30 Years
Birthplace Zacatecas, Mexico
Occupation Laborer

MOTHER
Full Maiden Name Francisca Rivas
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 21 Years
Birthplace Zacatecas, Mexico
Occupation Housewife

Number of child of this Mother 2 Number of Children, of this mother, now living 0 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. 26, 1920 at 8:30 P.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.*

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

Address Miami, Arizona

441-1226-692
COUNTY REGISTRAR.

Filed 12/30/1920

T.H. Slaughter
LOCAL REGISTRAR.

Filed 1-6-1921 A True Copy

B.G. J. J. J.
COUNTY REGISTRAR.