

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 DeLa State Index No. 1512
 District of _____ Co. Registrar's No. 141
 Town of Miami Local Registrar's No. _____
 or _____
 City of _____ (No. _____ St. _____ Ward _____)

ORIGINAL CERTIFICATE OF BIRTH

FULL NAME OF CHILD Jose Paris 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 }
 Date of Birth Feb. 16 1921
 Month Day Yr.

FATHER
 Full Name George Paris
 Residence Miami, Arizona
 Color or Race Met Age at last Birthday 25 Years
 Birthplace Zacatecas, Mexico
 Occupation Miner

MOTHER
 Full Maiden Name Margarita Vermudez
 Residence Miami, Arizona
 Color or Race Met Age at last Birthday 20 Years
 Birthplace Zacatecas, Mex
 Occupation Housewife

Number of child of this Mother 2 Number of Children, of this mother, now living 2 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 Feb. 16 1921, at 4 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.

Given or Christian name added from a supplemental report _____ 19

Address Miami, Arizona
B. M. Hardy
 LOCAL REGISTRAR.

132-216-452
 COUNTY REGISTRAR.

Filed Mar 31 1921
 Filed Apr 6 1921
 A True Copy
 COUNTY REGISTRAR.