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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. [illegible]

Co. Registrar's No. 129

Local Registrar's No. ------

PLACE OF BIRTH

County of Gila

District of ------

Town of ------ or City of Miami (No. ------ St; ------ Ward)

FULL NAME OF CHILD Miguel Rivalcaba

Born Alive: YES ~~NO~~

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child: Male | Twin, Triplet or other: | and | Number in order of birth: | Legitimate: Yes | Date of Birth: Month Feb. Day 27 Yr. 1921

FATHER

Full Name: Pedro Rivalcaba

Residence: Miami

Color or Race: Mexican | Age at last Birthday: 29 Years

Birthplace: Mexico

Occupation: Miner

MOTHER

Full Maiden Name: Romona Romo

Residence: Miami

Color or Race: Mexican | Age at last Birthday: 26 Years

Birthplace: Phoenix Ariz

Occupation: Housewife

Number of child of this Mother: 5 | 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. 27 1921, at 4 P. M.

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

Signature C. I. Hotel
Attending physician, midwife, householder.*

Address Miami

Given or Christian name added from a supplemental report ------ 191--

Filed Feb 28 1921 — B. W. Hardy M. D. LOCAL REGISTRAR.

A True Copy

Filed Mar 7 1921 — B. G. Lot COUNTY REGISTRAR.

491-227-996

COUNTY REGISTRAR.

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

the number of each, in order of birth, stated.