

1202

PLACE OF BIRTH  
 County of Gila ARIZONA STATE BOARD OF HEALTH  
 District of \_\_\_\_\_ BUREAU OF VITAL STATISTICS State Index No. 891  
 Town of Miami ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 174  
 or \_\_\_\_\_ Local Registrar's No. \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

FULL NAME OF CHILD Alfredo Carlos { Born Yes }  
 If child is not named, make Supplemental Report on blank obtainable from local Registrar. { Alive  }

Sex of Child M Twin, Triplet or other 1 and { Number in order of birth 1 Legiti- ma- Date of Birth March 25 1921  
 (Month) (Day) (Yr.)

FATHER  
 Full Name [Illegible]  
 Residence \_\_\_\_\_  
 Color or Race M Age at last Birthday 17 (Years)  
 Birthplace \_\_\_\_\_  
 Occupation \_\_\_\_\_

MOTHER  
 Full Maiden Name Jesús Carlos  
 Residence Miami  
 Color or Race Mex Age at last Birthday 14 (Years)  
 Birthplace Mexico  
 Occupation Housework

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on March 25 1921, at 12:30 PM  
 { \*When there is no attending physician or midwife, then the householder should make this return. } (Signature) Charles E. Finn M.D.  
 (Attending physician, midwife, householder.)\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 1921 Filed Mar 31 1921 Address Miami Arizona  
 A True Copy B. J. Hall M.D. LOCAL REGISTRAR.  
 Filed Apr 6 1921 B. J. Hall COUNTY REGISTRAR.

132-325-132