

2097

... be signed by the attending Physician or ... within 5 days after birth.

PLACE OF BIRTH

County of Gila  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 134

Co. Register No. 227

Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Josephina Marquez } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Female Twin, Triplet or other no and } Number in order of birth } Legitimate? fe Date of Birth April 9<sup>th</sup> 1921  
(Month) (Day) (Yr.)

FATHER  
Full Name Merce Marquez  
Residence Miami Hill  
Color or Race Mexican Age at last Birthday 36 (Years)  
Birthplace Mexico  
Occupation Miner

MOTHER  
Full Maiden Name Refugio de Anda  
Residence Miami Hill  
Color or Race Mexican Age at last Birthday 21 (Years)  
Birthplace Mexico  
Occupation Housewife

Number of child of this mother 2 Number of Children, of this mother, now living 1 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 April 9<sup>th</sup> 1921, at 9.9 A.M.

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

(Signature) Dr. Cecelia Bernickov  
(Attending physician, midwife, householder.\*)

Given or Christian name added from a

Address 203 Sullivan St. Miami, Fla.

supplemental report \_\_\_\_\_ 191 \_\_\_\_\_

Filed Apr 12 1921

B. W. Hardy, M.D.  
LOCAL REGISTRAR.

149-459-511  
COUNTY REGISTRAR.

Filed 5/7 1921

A True Copy  
A. G. Fox  
COUNTY REGISTRAR.