2104

and
n

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 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. 141

Co. Registrar's No. 233

Local Registrar's No.

(No. St; Ward)

FULL NAME OF CHILD Anastacia Bacilia Miada

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

Born Alive YES ~~NO~~

Sex of Child Female | ~~Twin, Triplet~~ or other | and | Number in order of birth 4 | Legitimate? yes | Date of Birth April 15 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Juan Miada	Full Maiden Name	Josepha Cordoba
Residence	Miami, Arizona	Residence	Miami, Arizona.
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	35 Years	Age at last Birthday	28 Years
Birthplace	Jalisco, Mexico	Birthplace	Sonora, Mexico
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 4 | Number of Children, of this mother, now living 3 | 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 15, 1921, at 5 50 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.

Filed Apr 20 1921 B. Hardy M.D.
LOCAL REGISTRAR.

141-415-131
COUNTY REGISTRAR.

Filed 5/7 1921 A True Copy B. G. Fid
COUNTY REGISTRAR.