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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153

Co. Registrar's No. 244

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 ..... Born / Alive ~~YES~~ NO

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate	Date of Birth
Male				No	April 20 1921 (Month, Day, Yr.)

FATHER		MOTHER	
Full Name	Augustine Molinary	Full Maiden Name	Concepcion Garcia
Residence	Miami	Residence	Miami
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	46 Years	Age at last Birthday	36 Years
Birthplace	Mexico	Birthplace	Mexico
Occupation	Miner	Occupation	House wife

Number of child of this Mother 16 | Number of Children, of this mother, now living 8 | Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on April 20 1921, at 6 A.M.

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

Signature C. I. Sotel M.D.
Attending physician, midwife, householder.*

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

Address Miami Ariz

Filed Apr 30 1921 B. M. Handy M.D.
LOCAL REGISTRAR.

048-420-371
COUNTY REGISTRAR.

Filed May 7 1921 A True Copy B. G. Y. C.
COUNTY REGISTRAR.

THIS CERTIFICATE MUST be made for each, and 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.