

2119

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County of Gila
District of _____
Town of Miami
or _____
City of _____

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 154
Co. Registrar's No. 246
Local Registrar's No. _____

N. B. - In case of more than one child at birth, a SEPARATE RETURN must be filed by the atc. the number of each, in order of birth, stated. This certificate must be filed by the atc. or midwife with each local Registrar within 5 days after birth.

FULL NAME OF CHILD Nemacio Diaz (No. _____ St. _____ Ward) } Born } YES }
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO }

Sex of Child M } Twin, Triplet or other } and } Number in order of birth 3 } Legitimate? yes } Date of Birth April 21 - 1921 }
Month Day Yr.

FATHER
Full Name Arturo Diaz
Residence Miami, Arizona
Color or Race Spainard Age at last Birthday 32 Years
Birthplace San Vicente, Spain
Occupation Miner

MOTHER
Full Maiden Name Concepcion Jimasa
Residence Miami, Arizona
Color or Race Spainard Age at last Birthday 26 Years
Birthplace De Jansen, Spain
Occupation Housewife

Number of child of this Mother 3 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 21, 1921, at 8 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
B. W. Hardy M.D.
LOCAL REGISTRAR.

549-421-331
COUNTY REGISTRAR.

Filed Apr 30 1921
Filed May 7 1921 A True Copy
B. G. Fox
COUNTY REGISTRAR.