

2136

N. B.—In case of more than one child at birth, a SEPARATE RETURN 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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Hila
District of _____
Town of Miami
or _____
City of _____ (No. _____ St; _____ Ward)

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

Sex of Child Female } and } Number in order of birth 3 } Legiti- mate? yes } Date of Birth April 25 - 1921
Twin, Triplet or other } } } } } Month Day Yr.

FATHER
Full Name Claris Diaz
Residence Miami - Arizona
Color or Race Mex Age at last Birthday 40 Years
Birthplace Durango, Mexico
Occupation miner

MOTHER
Full Maiden Name Flora Carson
Residence Miami, Arizona
Color or Race Mex Age at last Birthday 25 Years
Birthplace Durango, Mexico
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 25, 1921, at 5³⁰ M.

{ *When there is no attending physi- cian or midwife, then the householder should make this return.

Signature C. M. Cron M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191_

Address Miami, Arizona

Filed Apr 30 1921

B. W. Neady M.D.
LOCAL REGISTRAR.

549425.635
COUNTY REGISTRAR.

Filed May 7 1921 A True Copy

B. E. Jial
COUNTY REGISTRAR.