

2146

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS

County of Shla State Index No. 177  
 District of \_\_\_\_\_ Co. Registrar's No. 267  
 Town of Miami Local Registrar's No. \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

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

Sex of Child Male Twin, Triplet or other \_\_\_\_\_ and Number in order of birth 1st Legitimate? yes Date of Birth April 28 - 1921  
 Month Day Yr.

FATHER			MOTHER		
Full Name	<u>Arturo Carrera</u>		Full Maiden Name	<u>Amelia Gomez</u>	
Residence	<u>Miami, Arizona</u>		Residence	<u>Miami, Arizona</u>	
Color or Race	<u>Mex</u>	Age at last Birthday <u>22</u> Years	Color or Race	<u>Mex</u>	Age at last Birthday <u>20</u> Years
Birthplace	<u>Morenci, Arizona</u>		Birthplace	<u>Chihuahua, Mex</u>	
Occupation	<u>Miner</u>		Occupation	<u>Housewife</u>	

Number of child of this Mother 1 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 28, 1921, at 8 A:M.

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

Signature D. M. Crow M.D.  
 Attending physician, midwife, householder.\*

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

Address Miami, Arizona

131-428-179  
 COUNTY REGISTRAR.

Filed Apr 30 1921 R. W. Hardy M.D. LOCAL REGISTRAR.  
 Filed 5/7 1921 A True Copy R. W. Hardy COUNTY REGISTRAR.