

2149

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Sala

BUREAU OF VITAL STATISTICS

State Index No. 180

District of _____

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 271

Town of Miami

Local Registrar's No. _____

or
City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Pedro Delgadillo { Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive

Sex of Child M Twin, Triplet or other 1 { and } Number in order of birth 2 Legit. mate? Y Date of Birth Apr 29 '21
(Month) (Day) (Yr.)

FATHER
Full Name Manuel Delgadillo
Residence Miami
Color or Race Mex Age at last Birthday 25 (Years)
Birthplace Mexico
Occupation Miner

MOTHER
Full Maiden Name Toria Esparsa
Residence Miami
Color or Race Mex Age at last Birthday 21 (Years)
Birthplace Mexico
Occupation X

Number of Child of this mother 2 Number of children of this mother now living 2 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on Apr 29 1921, at 10 A.M.

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

(Signature) Charles E. Davis M.D.
(Attending physician, midwife, householder. *)

Given or Christian name added from a supplemental report _____ 192_

Address Miami Conf.
B. Hardy M.D.
LOCAL REGISTRAR.

746-429-351
COUNTY REGISTRAR.

Filed Apr 30 192_ A True Copy B. G. Gray
COUNTY REGISTRAR.