

222

N. B.—In case of more than one child at birth, a SEPARATE AREA MUST BE MADE FOR EACH CHILD. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

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

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

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

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

Sex of Child Male } and } Number in order of birth 6 } Legiti- } Date of Birth May 3 - 1921
 m, Triplet or other } mate? yes } Month Day Yr.

FATHER
 Full Name Pedro Yanez
 Residence Miami, Arizona
 Color or Race Mex Age at last Birthday 32 Years
 Birthplace Silver City - New Mex
 Occupation Miner

MOTHER
 Full Maiden Name Angelina Bonstoe
 Residence Miami, Arizona
 Color or Race Mex Age at last Birthday 31 Years
 Birthplace El Paso, Texas
 Occupation Housewife

Number of child of this Mother 6 Number of Children, of this mother, now living 5 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 May 3, 1921, at 8:30 A.M.

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

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

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

Address Miami, Arizona
B. M. Adams M.D.
 LOCAL REGISTRAR.

589-503-122
 COUNTY REGISTRAR.

Filed May 25 1921 A True Copy
62-1 1921
B. E. Fox
 COUNTY REGISTRAR.