

IN THE COUNTY OF GILA, A SEPARATE RETURN must be made for each, and the number of children, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

#179

ARIZONA STATE BOARD OF BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

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

State Ince _____
 Co. Registrar's No. 524
 Local Registrar's No. _____

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

Sex <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth <u>10</u>	Legitimate? <u>yes</u>	Date of Birth <u>May 26</u> 19 <u>21</u>
Month _____	Day _____	Yr. _____			

FATHER		MOTHER	
Residence <u>Timotea Delgado</u>	Full Maiden Name <u>Maria Del Campo</u>	Residence <u>Miami, Arizona</u>	Color or Race <u>Mex</u>
Color or Race <u>Miami, Arizona</u>	Age at last Birthday <u>42</u> Years	Color or Race <u>Mex</u>	Age at last Birthday <u>40</u> Years
Birthplace <u>Jalisco, Mexico</u>	Occupation <u>Laborer</u>	Birthplace <u>Jalisco, Mex.</u>	Occupation <u>Housewife</u>

Number of children of this Mother 10 Number of Children, of this mother, now living 10 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I do hereby certify that I attended the birth of the above child; and that it occurred on May 26, 1921, at 5:45 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.*

Address Miami, Arizona

Filed June 30 1921 LOCAL REGISTRAR.

Filed July 1 1921 A True Copy LOCAL REGISTRAR.

446-521-446 COUNTY REGISTRAR.