1039

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.

PLACE OF BIRTH

County of Gila

District of

Town of Miami
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 127

Co. Registrar's No. 357

Local Registrar's No.

(No. St: Ward)

FULL NAME OF CHILD Trinidad Moreno

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born Alive YES ~~NO~~

Sex of Child Male | ~~Twin, Triplet~~ or other and Number in order of birth 2 | Legitimate? yes | Date of Birth June 19 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Ignacio Moreno	Full Maiden Name	Cruz Gutierez
Residence	Miami, Arizona	Residence	Miami, Arizona
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	27 Years	Age at last Birthday	25 Years
Birthplace	Naco, Mexico	Birthplace	Nacozari, Mex
Occupation	Miner	Occupation	Housewife

Number of child of this Mother 2 | Number of Children, of this mother, now living 2 | 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 June 19, 1921, at 3 10 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

Filed June 30 1921 C. M. Hardy M.D.
LOCAL REGISTRAR.

346-619-379
COUNTY REGISTRAR.

A True Copy

Filed July 5 1921 [illegible]
COUNTY REGISTRAR.