

1090

SEPARATE RETURN must be made for each, and 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 _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 196
 ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 366
 Local Registrar's No. _____

FULL NAME OF CHILD Juan Aguirre 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 } Legitimate? yes Date of Birth June 24 - 1921
 Month Day Yr.

FATHER
 Full Name Marcial Aguirre
 Residence Miami, Arizona
 Color or Race Mex Age at last Birthday 30 Years
 Birthplace Zacatecas, Mex
 Occupation miner

MOTHER
 Full Maiden Name Barbara Dominguez
 Residence Miami, Arizona
 Color or Race Mex Age at last Birthday 17 Years
 Birthplace Fres, N. Mex.
 Occupation Housewife

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 June 24, 1921 at 8:45 P.M.

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

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

Given or Christian name added from a supplemental report _____ 191

Address Miami, Arizona
B. J. Hanks M.D.
 LOCAL REGISTRAR.

115-624-249
 COUNTY REGISTRAR.

Filed June 30, 1921
 A True Copy
 Filed July 1, 1921

B. J. Hanks
 COUNTY REGISTRAR.