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. 145

Co. Registrar's No. 430

Local Registrar's No.

(No. St. Ward)

FULL NAME OF CHILD Rosa M. Barala

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

Born Alive: YES ~~NO~~

Sex of Child	~~Twin, Triplet~~ or other	and Number in order of birth	Legitimate?	Date of Birth Month	Day	1921 Yr.
Male		1	yes	Aug	15	

FATHER		MOTHER	
Full Name	Blaso Barala	Full Maiden Name	Teresia Castro
Residence	Miami ariz	Residence	Miami ariz
Color or Race	~~white~~ mex	Color or Race	white mex
Age at last Birthday	30 Years	Age at last Birthday	26 Years
Birthplace	Calif	Birthplace	mexico
Occupation	Laborer	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 8/15/1921 at 9 A.M.

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

Signature D H Slaughter
Attending physician, midwife, householder.*

Address Miami Ariz

Given or Christian name added from a supplemental report ..... 191..

Filed Aug 31 1921 B W Hall M.D.
LOCAL REGISTRAR.

826-815-336
COUNTY REGISTRAR.

A True Copy

Filed Sep 5 1921 R E Fox
COUNTY REGISTRAR.

or midwife with each local Registrar within 5 days after birth.